PROVINCIAL MUNICIPAL SOCIAL SERVICES *Review*

A DISCUSSION PAPER

AMO
Association of Municipalities
of Ontario

OMSSA
Ontario Municipal
Social Services Association

Ministry of
Community and
Social Services
Ontario

PROVINCIAL-MUNICIPAL
SOCIAL SERVICES REVIEW

A Discussion Paper

Association of Municipalities of Ontario
Ontario Municipal Social Services Association
Ministry of Community & Social Services

DEDICATION

JOHN G. ANDERSON

The Provincial-Municipal Social Services Review Committee is dedicating this Discussion Paper to the memory of John G. Anderson

At the time of his sudden death, John was actively involved as an advisor to the Committee and in the preparation of this Discussion Paper. His dedication and commitment to the Review will continue to be an inspiration to the Committee and staff as they proceed with their work.

During his 35 years of service, with both provincial and municipal governments, John made a significant contribution to the development of social services which has benefited many individuals and families across the province.

John was well known for his integrity, compassion and his advocacy on behalf of others. He will be fondly remembered and sadly missed by his many colleagues and friends.

JOINT PROVINCIAL-MUNICIPAL SOCIAL SERVICES REVIEW

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CHAPTER I: INTRODUCTION

In May 1987, the Honourable John Sweeney, Minister of Community and Social Services, announced the formation of a joint provincial-municipal committee to undertake a review of Ontario's social services system. In earlier discussions between the Minister and officials of two municipal associations (the Association of Municipalities of Ontario-AMO - and the Ontario Municipal Social Services Association-OMSSA), it had been agreed that such a review was necessary to address a wide range of concerns about existing arrangements for providing social services. The focus of the review would be the development of an improved framework for planning, delivery and funding of social services, over the next decade and past the turn of the century. A key element in the design of that framework would be clarification of provincial and municipal roles and responsibilities.

The Provincial-Municipal Social Services Review Committee consists of four representatives of the Ministry of Community and Social Services, four representatives of the AMO and three representatives of the OMSSA.

This discussion paper outlines current roles and responsibilities for the delivery and funding of social services and provides an overview of six major program areas. Within each program area, a range of potential options for the future partnership in social services has been identified to stimulate discussion. Broad issues relating to provincial-municipal roles in social services have been set out and form the basis for the key questions in the final chapter of the document.

The discussion paper is intended to provide a basis for further consultation among the province, municipalities and other participants in the social services system. Additional information about the consultation process is presented in a later section of this chapter.

THE NEED FOR A SOCIAL SERVICES REVIEW

Ontario's social services system is wide-ranging and complex. It operates under the authority of several provincial statutes and federal-provincial, provincial-local cost-sharing agreements. It encompasses a great many programs, of widely varying scope and content, serving a large and highly diversified clientele. In addition, planning, delivery and funding of social services are carried out by many participants - the province (chiefly the Ministry of Community and Social Services), regional (upper-tier) and local (lower-tier) municipal governments, voluntary community organizations and their provincial associations, non-profit services providers and private commercial operators.

The complexity of the system is inevitable, given the multiplicity of purposes underlying the various programs.

The system has, however, become fragmented and unwieldy, largely because the roles and responsibilities of service providers tend to overlap. The availability and administration of programs are uneven among communities across the province. Changes in service needs have led to the creation of new programs, with new cost-sharing structures and arrangements for service delivery which sometimes are inconsistent with older established structures and mechanisms. New program directions and new standards for existing programs often require a reallocation of local resources and a reordering of local priorities; however, local resources in many communities are inadequate to the need, and the province's priorities do not always match those of local governments. Programs often compete with one another for local support; and where services are provided at the discretion of local authorities, substantial gaps in service provision occur across the province.

Reviews of particular programs have been carried out in the past. Problems have been addressed and solutions have been attempted; but the remedies have invariably been directed to the specific program context. For example, in 1985 the AMO/Ministry Funding Arrangements Committee examined and made recommendations regarding provincial-municipal cost-sharing for municipal sites providing the integrated delivery of Family Benefits and General Welfare Assistance to sole support parents. Not included, however, were municipal concerns regarding all of the other aspects of the social assistance picture. There has been no comprehensive review of the system as a whole and the interrelationships that exist among program areas. It has become apparent that this broader perspective is essential if the system is to be improved.

A further reason for conducting a review at this time is the recent adoption of new policy directions by the province, and also by the federal government in the area of child care. Also, provincial program initiatives for services for the elderly and for persons with disabilities and provincial goals for the social services system province-wide may require fundamental changes in existing structures and approaches in planning, funding and delivery. The nature of these changes can only be determined in consultation with the other participants in the system.

For all these reasons, the present review is seen to be both necessary and timely.

TERMS OF REFERENCE FOR THE REVIEW

The Review Committee is to propose a framework for provincial-municipal participation in the future planning, delivery and funding of social services in Ontario. The framework should address municipal concerns about existing arrangements and must be consistent with provincial

government strategic directions. Ultimately, it should lead to a better coordinated and more effective social services system for clients. The framework will provide:

- a balance between local decision-making authority, and adherence to province-wide standards for accessibility and affordability;
- simplified and flexible processes for administering programs;
- a clear relationship between cost-sharing arrangements and decision-making authority;
- a method of provincial-municipal planning for and development of programs.

PROCESS OF THE REVIEW

The Review is divided into three phases: research, consultation and preparation of a final report:

Research

A provincial-municipal financial data base has been developed to capture 1986 net expenditures for social services for: programs funded jointly by the province and by municipalities; programs funded entirely or partially by municipalities; programs funded entirely by the province. In order to obtain municipal non-shareable expenditure data for 1986, the Committee forwarded a questionnaire to upper-tier and lower-tier municipalities in the fall of 1987 requesting data on their expenditures for services and community programs that were not subsidized by the province. The results of this survey are detailed in Chapter IV: "Funding Arrangements".

The financial data base provides the Committee with a more precise picture of current expenditures. It will also be used to test the financial impacts, province-wide or municipality by municipality, of service delivery and cost-sharing options or later recommendations.

Another major research activity was conducted by six Task Groups appointed by the Committee. These Task Groups (each consisting of seven representatives of the AMO, the OMSSA and the Ministry) were asked to compile program information and identify issues in service delivery and funding. Their reports were submitted in January 1988. The program data, analysis of issues and possible future options contained in this discussion paper are based largely on these Task Group reports, and the Committee is grateful for the significant contribution made by the Task Group members (see Appendix A). The Committee has commissioned a survey of the provincial-municipal roles and responsibilities for social services in other Canadian provinces for comparison purposes. The results of this survey will be incorporated in the Committee's final report.

The Committee will continue to examine the findings of other reviews and other pertinent reports. These include: the paper of the Provincial Secretariat for Seniors entitled "A New Agenda: Health and Social Services Strategies for Seniors" (1986); the Ministry's document "New Directions in Child Care" (June, 1987); the report of the Advisory Committee on County Government (November, 1987); the report of the Social Assistance Review Committee (expected by mid-1988), among others.

Information will also be gathered on cost-shared arrangements in several jurisdictions outside Canada, as well as broader provincial-municipal funding arrangements across ministries in Ontario.

Consultation

The consultation phase of this review begins with the broad distribution of this discussion paper for consideration and comment. Principal recipients include all municipal councils in Ontario, municipal and provincial staff, and other participants in the social services system.

This document is intended to be thought-provoking and to stimulate comment which will give the Committee a better understanding of the range of opinion that exists regarding provincial-municipal roles and responsibilities. The reader **is invited to consider the spectrum of ideas put forward in this paper and submit written comments by July 31, 1988 to:**

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Project Manager
Provincial-Municipal Social Services Review
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Toronto, Ontario M7A 1E9

In addition to inviting written comments from readers, Committee members have scheduled a series of workshop-style meetings in various locations across the province to hear reactions to the contents of the discussion paper and to participate in an exchange of views.

Some of the meetings will take place as part of the agendas for AMO and OMSSA conferences and will be targeted specifically for conference delegates. All of the other meetings will be general sessions, open to interested individuals and organizations. Owing to space limitations and the anticipated response, pre-registration for all meetings is strongly advised. Forms for this purpose are attached to the covering letter accompanying this document, and are also included in Appendix B.

Meetings are scheduled as follows:

May 4, 1988	**Stratford** Victorian Inn 9:30 am-4:00 pm	General Session (one day prior to the Ontario Small Urban Section Conference)
May 5, 1988	**Fort Frances** Red Dog Inn 3:00 pm-6:00 pm	General Session (one day prior to the Northwestern Ontario Municipal Association Conference - NOMA)
May 6, 1988	**Fort Frances** Red Dog Inn 1:30 pm-4:30 pm	For delegates to the NOMA Conference
May 12, 1988	**Kirkland Lake** Northern College 3:30 pm-5:30 pm	For delegates to the Federation of Northern Ontario Municipalities (FONOM) Conference
May 13, 1988	**Kirkland Lake** Northern College 9:30 am-4:00 pm	General Session
May 26, 1988	**Brockville** Royal Brock Hotel 9:30 am-4:00 pm	General Session
June 3, 1988	**Toronto** Location to be finalized 9:30 am - 4:00 pm	General Session
June 10, 1988	**Ottawa** Location to be finalized 9:30 am - 4:00 pm	General Session
June 14, 1988	**Sudbury** Holiday Inn 9:00 am-3:15 pm	For delegates to the Ontario Municipal Social Services Association (OMSSA) Conference
June 15, 1988	**North York** Location to be finalized 9:30 am-4:30 pm	General Session (one day prior to the AMO Large Urban Conference). Co-sponsored by the Counties and Regions Section and The Large Urban Section of AMO.
June 24, 1988	**Chatham** Location to be finalized	General Session

Following the consultation process, the Committee will resume its deliberations and submit its final report to the Minister by December 1988.

GUIDE TO THE DISCUSSION PAPER

Chapter II: "Social Services Network: Past, Present and Future", presents an analysis of the historical development of the provincial-municipal partnership in social services. It also examines social and economic trends, reviews government directions for social service programs and analyses their potential impact on the current partnership.

Chapter III: "Assumptions", briefly states the basis on which the Committee began considering the strengths and weaknesses of the current partnership and viable options for the future.

Chapter IV: "Funding Arrangements", contains data on current federal/provincial/municipal expenditures for social services and provides a context for funding discussions.

Chapter V: "Program Areas", contains six sections, each of which focuses on one of the following program areas: income maintenance, child care, children's services, services for elderly persons, services for disabled persons, and community support. Each section outlines current provincial-municipal roles and responsibilities for that program area, key issues and possible options for the future.

Chapter VI: "General Themes" discusses the overriding considerations that have emerged from the deliberations of the Committee and its Task Groups thus far.

Chapter VII: "Focus for Discussion", contains the key elements of this discussion paper which will form the basis for the consultation process.

The reader is directed to these two latter chapters which have been printed on coloured paper for a concise summary of the focus of this Review. It is the hope of the Committee that the consultation meetings and written submissions will include responses to the key questions raised in Chapter VII.

CHAPTER II: THE SOCIAL SERVICES NETWORK - PAST, PRESENT AND FUTURE

INTRODUCTION

The network of social services in Ontario has been in existence for nearly 200 years. Over that time, it has undergone a great transformation, not only in the range and level of services available, and the composition of the client group it serves, but also in the structure of responsibility for and participation in the provision of services.

Originally, local government and philanthropic organizations in the community assumed full responsibility for people in need of assistance. Gradually, the provincial government and later the federal government also became involved: developing social policy, enacting legislation in support of that policy, providing funds for service provision and ultimately undertaking direct administration and delivery of certain services. Municipalities and local organizations continued to play a role, and an important one; but the scope of their involvement has narrowed over the years, and their influence over decisions affecting the social services network has declined.

This pattern of development is quite logical and predictable in some respects. It is also, in some respects, paradoxical. The powers to set social policy and to enact and implement legislation reside at the provincial and federal levels of government, as does the capability to amass the revenues required to support an extensive social services network. It follows that planning and administrative decision-making in respect of particular programs also would revert to the senior levels of government.

The paradox in this arrangement arises from the very nature of social services. Social services are provided for the benefit of individuals and families in need; they have, inherently and inevitably, a personal and local focus. The need for services is identified in the community, very often by individuals or organizations (including municipal governments) whose mandate is to protect the well-being of residents of the community; and in the great majority of cases, the required services are also delivered in the same community. (It is pertinent to note that when service delivery has been moved away from the local context, perhaps for reasons of economy or administrative convenience, eventually it has tended to move back. One principal reason is that the community base is regarded, by many recipients and providers alike, as more appropriate and more desirable.)

This link with the community has meant that municipal governments and community organizations always have been, and presumably always will be, participants in the structure for *providing social services. The central question has been, and is, what should be the relationship between local governments and organizations and the senior levels of government, particularly the province?*

The relationship has changed many times in the history of social services in Ontario. Typically, these changes have been unanticipated and unplanned. Roles and responsibilities have been transferred from one level to another, and sometimes back again; they have been expanded; they have shrunk; and, not surprisingly, they have frequently become confused. The need to clarify current relationships underlies the present Review.

The first section of this chapter, "Historical Development", traces in some detail the evolution of the network and relationships between governments and private service providers, from the nineteenth century to the present day. The second main section, "Current Trends", identifies the main factors (social, demographic, economic and policy-related) which will influence the further development of the social services system and the future framework for service provision.

HISTORICAL DEVELOPMENT

Pre-1900

In framing its early statutes, the Legislature of Upper Canada tacitly accepted one of the basic concepts of the English poor laws, namely, that support of indigent individuals or families was to be the responsibility of local governments. Municipalities also were responsible for orphaned or abandoned children, the mentally handicapped and the frail elderly. Assistance was provided either directly by municipalities or through arrangements with local charitable groups. Religious organizations also provided aid to families and individuals in need.

Individuals who were homeless or unable to care for themselves were accommodated in institutions of various kinds: work houses (or "houses of industry", the first one was established in Toronto in 1837) for the destitute; orphanages for children, local hospitals or residential facilities for the elderly and the handicapped. Poor families were provided with food supplies or vouchers, used clothing, and fuel.

The nineteenth century was a period of settlement, economic growth and high employment in most areas of the province. For several decades, local governments, and charities bore almost all the costs of services; little financial support was provided by the provincial government. The legislature did, however, respond to a request by local governments for the authority to augment their revenue base through taxation at the local level. In 1846, an amendment to The Districts Councils Act permitted townships to raise funds through property taxation to assist in providing relief to the poor.

It was not until 1874 that the province passed legislation (The Charity Aid Act) to provide funding support for local social welfare programs. Grants of up to 30% of operating costs were made available to local private charities for residential services for indigents in local hospitals, "houses of refuge" (also called "poor houses") and orphanages.

In the late 1800s, services to children in need became a priority at the local and provincial levels. The Children's Protection Act of 1888 permitted some intervention, particularly in the area of child labour by orphans, and established the concept of foster homes as an alternative to orphanages. In 1891, the first Children's Aid Society was established in Toronto; and in 1893, the province enacted legislation (The Act for the Prevention of Cruelty and Better Protection of Children) providing for the establishment of other Societies. The management of Societies was a local responsibility, and costs were equally shared by municipal and charitable contributions. The province paid the salary and travelling expenses of the local superintendent.

1900 to 1930

By the turn of the century, municipalities were beginning to be successful in petitioning both the provincial and the federal governments for financial assistance in providing relief to the poor. Over the next thirty years, new legislation was passed and cost-sharing arrangements were formalized between the province and municipalities for some specific social assistance programs.

The first major social welfare legislation of this century was The Workmen's Compensation Act of 1914, which provided financial assistance to injured workers and their widowed spouses and children. Municipalities were required to contribute 50% of the provincial expenditures. The provincial Mother's Allowance Act of 1920, which provided benefits for women in need with two or more dependent children, also required a 50% municipal contribution. In 1929, the provincial Old Age Pensions Act provided financial assistance to the elderly on a means tested basis. It established a three-part cost-sharing formula, with 50% federal, 30% provincial, and 20% municipal participation.

During this period, the province also legislated mandatory provision of specific services, notably county houses of refuge for the poor. These facilities were variously funded and operated by local governments, or by charitable organizations with some municipal support.

1930 to 1950

The depression and war years created the need for new and much more extensive social services. Of necessity, the responsibility for establishing and supporting the new programs devolved to the provincial and federal governments. Municipal and private resources were simply inadequate to meet local requirements for assistance.

In 1930, the Ontario government established the Department of Public Welfare and transferred to it a number of social welfare programs that had previously been administered by several separate departments. This marked the first structured attempt to coordinate the province's participation in the social services network.

Unemployment was, of course, the overriding social and economic problem of the late twenties and early thirties. As the jobless rate rose, the ranks of people seeking assistance swelled; and at the same time, the revenue base of governments shrank, as did private contributions to charitable organizations.

The provision of relief was still a municipal responsibility, but local governments clearly could not carry these costs alone. The province and the federal government offered assistance, choosing to make their contributions mainly through financial support of employment programs and make-work projects rather than through cost-sharing of cash payments to persons on relief. This approach effectively maintained the focus of program planning and adminstration at the local level. The cost-sharing formula varied according to the type of relief provided, but typically the municipal share was 50% for public work projects and 65% or more for direct relief. As the effects of the depression intensified, some municipalities could not honour their financial commitments. In these cases, the province stepped in and took over the delivery of relief payments and administration of public works projects.

By 1935, the province had decided that the municipal responsibility for basic welfare should be legislated, and that cost-sharing among the three levels of government should be formalized. This was the intent of the provincial Unemployment Relief Act. By 1939, the formula for cost-sharing relief payments had changed to 40% federal, 40% provincial and 20% municipal. The province also enacted an allowance for blind persons, to which municipalities were required to contribute 20% of the payment, but the Mother's Allowance program became fully funded by the province.

In 1940, the federal government enacted the first Unemployment Insurance Act. This fully funded program was delivered directly by the federal government. This relieved municipalities from paying welfare to unemployed employables but shortly thereafter, the federal and provincial governments curtailed cost-sharing of relief payments for those unemployed employables who did not qualify for the federal unemployment insurance scheme. Provincial subsidies were still available for assistance to persons who met specific eligibility requirements, such as illness or deserted and separated mothers who had taken legal action for support. But all other public relief costs were again a total municipal responsibility. At this time, there were no provincially imposed standards of service in respect of income support provided by municipalities.

A new social service program introduced during World War II was the establishment of subsidized day nurseries for the children of working mothers. This also was a federal-provincial initiative, designed to assist the war effort. Municipalities and local boards of education administered the program, but costs were shared equally by the province and the federal government. After the war, the province offered municipalities a 50% subsidy for full-day care in day nurseries; however the demand dropped off and there was little growth in the program for the next twenty years.

In the late 1940s, the province began to assume greater responsibility for public welfare programs and to develop new cost-sharing arrangements with municipalities.

The first priority was to improve services for the elderly. The provincial Homes for the Aged Act of 1947 defined the need for ambulatory, nursing and special care; and in 1949, legislative amendments made it a legal requirement for counties, cities or separated towns to establish a Home for the Aged. Residents normally paid for their total cost of care, but if they were unable to do so on the basis of a means-test, the province and municipality cost-shared the difference on a 70:30 basis. The province also provided funds for new construction and renovations. Charitable organizations also were encouraged to increase their involvement in institutional care for the elderly. The province provided cost-sharing on an 80:20 basis.

Another priority was the provision of provincial support to child welfare programs. In 1949, the province began to reimburse municipalities for 25% of their child welfare costs and paid an annual grant to Children's Aid Societies equal to 25% of contributions from private funding sources. Over the next 15 years, provincial contributions increased to 40%, 60% and then to the current rate of 80% of the operating costs of Societies. Since 1965, municipalities have contributed 20% of Societies' costs, and they are represented on Society boards.

1950s

In the 1950s, major new social policy legislation was introduced, and the federal and provincial governments increased their support of social welfare programs by establishing new cost-sharing arrangements.

In 1952, the federal government introduced the universal Old Age Security program for persons aged 70 and over, fully funded by federal resources. Soon after, a succession of new and amended legislation was passed by the province which transferred financial responsibility for long-term social assistance from the municipal to the provincial level. The basic programs that were now provided by the province and cost-shared by the federal government were Old Age Assistance, 1952; Blind Persons' Allowance, 1952; Disabled Persons' Allowance, 1952; Mother and Dependent Children's Allowance, 1957; and Widows and Unmarried Women's Assistance, 1963.

In 1958, a significant change took place in provincial-municipal relations in the delivery of income support and related social services. In 1956, the federal government agreed to cost-share assistance for unemployed employables under The Unemployment Assistance Act. The province passed the General Welfare Assistance Act in 1958, and costs for general assistance were shared on a 50:30:20 ratio with municipalities. The legislation also permitted Indian Bands and County Councils to administer the General Welfare Assistance program. With the increasing development of the social assistance program, the General Welfare Assistance Act of 1958 allowed for the establishment of County welfare administrations in order to share costs, coordinate administration and ensure that minimum program standards were met.

As there was insufficient space in municipal and charitable Homes for the Aged, indigent residents of Nursing Homes could now also be subsidized under the General Welfare Assistance Act, as long as the costs did not exceed $100.00 per month. The province reimbursed 80% of the costs, but nursing homes had to be licensed by the municipality and conform to standards and safety according to local by-laws. To further assist elderly persons, the Homemakers and Nurses Services Act was passed in 1958. It became the first organized effort to provide community-based services by municipalities for the elderly on a means tested basis with the current 50:30:20 cost-sharing arrangements.

Municipal welfare administrators had seen the need to improve the administration of social assistance earlier in the decade and they formed the Ontario Welfare Officers Association in 1951. In the early 1970s, the Association changed its name to the Ontario Municipal Social Services Association, and it is now an affiliate of the Association of Municipalities of Ontario. It has as its prime objective the improvement of administration standards and the promotion of an effective, and efficient social service delivery system.

1960s

By the early 1960s, the federal and provincial governments began discussions to develop a better framework in which to cost-share social services. This resulted in the federal Canada Assistance Plan (CAP) of 1966. Cost-sharing arrangements would now be governed by the concept of "financial need", and each province would choose its own definition of "a person in need". Also, there were to be no residency requirements, and an appeal mechanism had to be established in each province for persons who were denied benefits. The provincial government launched into the greatest writing and rewriting of its social welfare legislation in history. During three years, from 1966-1968, at least ten acts were written or significantly amended, such as the Family Benefits Act, and there were many adjustments in regulations, policy and practice.

Increases were provided for in the amounts of allowances paid; social services were expanded; municipalities were eligible for a 50% subsidy for some administration costs and counselling services; and additional subsidies were provided for more specialized institutional care. The federal government now shared 50% of the costs of a wide range of programs, and cost-sharing was open-ended with no limit on legitimate expenditures.

Universal medical and hospital insurance was established in Ontario in 1966, with premium-free coverage for low income persons. The federal government also introduced the Canada Pension Plan in 1965, an income insurance scheme for old age, disability or widowhood, financed by compulsory employee-employer contributions. These measures also benefited municipalities by creating some financial savings for them. The social welfare programs designed in the 1960s have basically held their form to the present day.

By the end of the decade, the Department of Public Welfare had begun to change its focus from a basic welfare orientation to the broader concepts of social services, prevention, support to assist needy families and community development. The federal and provincial governments had assumed vastly increased responsibilities for social service programs, although municipalities still played a major role, but with increased support, in such areas as short-term social assistance, children's services and support for the elderly. To reflect the new philosophy of the era, the Department changed its name and became the Department of Social and Family Services.

1970s to the Present

Changes in social attitudes and values in the late 1960s were to have a great impact on the social services network over the following two decades. Increased awareness of social and economic inequities affecting certain groups - women, the physically and developmentally disabled, ethnic minorities, native people - led to demands for fairer, more enlightened social policies and programs. At the same time, new medical technologies and rehabilitation programs were removing traditional barriers for persons with disabilities. For hospitalized psychiatric patients, new drug therapies were available which would allow them to live in the community. Senior citizens also were requesting community support programs as an alternative to institutional care.

The Ontario government underwent a massive reorganization in the early 1970s, and the Department of Social and Family Services again began to change its focus. Programs from other ministries and, in particular, institutional programs for the developmentally handicapped, were transferred to the renamed and reorganized Ministry of Community and Social Services. The new mandate of the Ministry was to redirect its efforts from mainly providing income assistance and support for institutional care to alternative measures of prevention and community living options. This shift of focus called for a coordinated approach to policy and program development among several Ministries - notably, Community and Social Services, Health, Housing, and Transportation and Communications. Gradually community-based programs were developed and put in place, and the Ministry began the difficult process of transferring numbers of institutional residents back to the community. Most community-based services were delivered through local voluntary organizations with financial support from the provincial government.

These developments also altered the role of municipalities. Many municipalities undertook to make the physical environment accessible to persons with disabilities, developed public parallel transit systems (with provincial support), assisted and encouraged voluntary transportation services, and adopted local by-laws so that group homes could be established. Some municipalities provided special funds and grants to voluntary organizations for community support services, and others became involved directly with these new programs or established municipal non-profit housing projects.

It was also during this period that many municipalities expanded their involvement in the provision of child care services. Such services are a basic necessity for women with dependent children who wish to pursue employment opportunities and attain economic independence. Municipal involvement was not mandatory, but was encouraged through Ministry subsidies for clients who could not pay the full service fee. Participating municipalities provided services directly or purchased them from private operators; they also administered the subsidies and contributed 20% of the cost of subsidized care.

The changing direction of social services policies and programs pointed to the need for improved consultation between the government and the province. In 1969, the Municipal Liaison Committee was established, with representation from four Ontario municipal associations, for the purpose of presenting members' views and proposals to the provincial government. In 1973, the Provincial Municipal Liaison Committee was formally established, with provincial funding support, and it became a major forum for intergovernmental consultation; however, the consultative process began to decline towards the late 1970s. A review of the structure of the municipal associations was undertaken, and a newly reconstituted Association of Municipalities of Ontario came into being in 1981. The Association and the Ontario government, through the Ministry of Municipal Affairs, developed a new consultative process, which continues to this day.

Municipal government structures have also changed over the years. In many instances, delivery of programs has become the responsibility of the upper tiers of local government. The Municipality of Metropolitan Toronto was the first regional government to be established, in 1953. In the 1970s more regional governments began to be established, and there are now 13 restructured upper-tier municipalities in Ontario, representing two-thirds of the population. The regional governments consolidated local municipal social services with a view to providing for better management and coordination of services at the local level.

By the mid-1970s, Canada faced severe economic difficulties, and fiscal restraints were imposed. In 1976, budget increases to municipalities and agencies were limited to 8.5%, and concerns about inflation and budget deficits became a reality. This limited the expansion of new services and greatly affected the development of community services, unless they could be seen as ultimately cost-saving measures.

Concern about services for children became very prominent in 1977 and after a thorough review, a new and coordinated approach for providing care for children was embarked upon. To consolidate the social programs for children under one ministry, the Children's Services Division was established within the Ministry of Community and Social Services, and the Ministry's role expanded with the transfer of children's programs from other Ministries. Again, the Ministry's aim was to develop alternative approaches to intervention and institutional care for children, and to introduce preventive programs and community support for children and their families. At the local level, a number of Children's Services Coordinating and Advisory Groups were established to advise local municipalities and to assist in area planning and local coordination of children's services.

In 1979, the Ministry of Community and Social Services began an internal reorganization and decentralized its operations.

Program delivery and decision-making were transferred to regional and area offices to permit the improvement of planning mechanisms and service delivery with local organizations and municipalities.

For some time, concern had been expressed about the duplication of effort by the province and municipalities in the delivery of the Family Benefits and General Welfare Assistance programs. An agreement was reached to experiment with service delivery of these two programs and address issues of duplication. In 1981, a number of pilot programs were introduced to integrate income maintenance programs for sole support parents, and a selected number of municipalities agreed to assume responsibility for delivery.

At present, there is general agreement that social services should support and strengthen the role of families, and that financial support and preventive measures should be geared towards personal self-sufficiency and independence. With the help and commitment of municipal governments and voluntary organizations, new community-based support services are being established, such as family violence initiatives, community and neighbourhood support services, work incentives and employment opportunity programs.

ROLES AND RESPONSIBILITIES: A SHORT SUMMARY

The pattern that emerges is one of increasing provincial responsibility for the development and financial support of social services. To a large extent, this has occurred at the request of local governments and voluntary organizations, as well as other organizations, advocacy groups and private citizens in the community. As noted earlier, there are solid grounds for a strong provincial role; in particular, the province has the requisite constitutional powers and fiscal capacity to build and maintain the social services network. It also has the administrative capability to develop and implement a coordinated approach to service development and delivery.

Nevertheless, municipalities and voluntary organizations have a long history of involvement in the provision of social services. Originally, they provided the bulk of resources required to meet social needs, and the initiative for service development was focused at the community level. Over the years, the province (along with the federal government) has substantially increased its financial contribution for the services. In some programs, however, the municipal share also has increased, as a result of changes in program criteria, administrative arrangements and the legislated requirement that municipalities provide services in their community. This additional funding obligation has become a concern for some municipalities, where the revenue base cannot support large expenditures on social services.

With respect to service development and delivery, municipalities and local voluntary organizations have continued to be involved, to varying degrees from one community to another. Some program initiatives still originate at the local level, particularly since the focus of service has shifted to community-based programs. Some consultation takes place between municipalities, between local governments and the province, and between voluntary organizations (through provincial associations); however, planning and coordination are still underdeveloped for most programs and for the network as a whole.

Current roles and responsibilities are complex and, in many areas, unclear. The first priority is to decide on an appropriate sharing of responsibilities among the several participants in the social services network. The second is to arrive at a clear definition of those responsibilities with respect to service planning, delivery and funding. The strengthening of relationships at all levels will greatly assist in the development of a better coordinated and more responsive social services system.

CURRENT TRENDS

The further development of the social services network and the future framework for service provision will be affected by a variety of factors, some arising in the broad societal context, some in the context of government policy. This section of the chapter summarizes the main trends that can be identified at this time and suggests what their broad effects might be in relation to social services.

Much of the information presented here is based on three recent Ministry documents: "Investing in Ontario's Future: Strategic Directions for the Ministry of Community and Social Services" and "A Look at the Social Environment: Selected Trends" (both issued in 1986), and the Ministry's "Corporate Plan" (1987).

TRENDS IN SOCIETY

Aging of the Population

The rate of population growth in Ontario has been declining in recent years. The birth rate will increase in the short-term, owing to the "baby-boom echo" and the large number of women now in their child bearing years, but will decline again in the 1990s. The number of children under age 18 is expected to decline by approximately 4% between 1983 and 2006. By 2006, the median age of the population will have increased to 39 from 30 in 1986.

In part as a result of the general decline in the birth rate, over the next three decades there will be a steady "aging" of the population and the labour force. In 2021, persons over age 65 will constitute 20% of the population, double the current number.

Advances in medical technology are extending life expectancy for all age groups. In the elderly population, the result is a marked increase in the number of persons in the older age categories. Between now and 2021, the growth rate in the over-75 age group will be 2.5 times greater than in the 65-74 group. Women as a group will continue to outlive men.

The need of the elderly for income support and for community-based services such as housing, transportation, home support, etc. will continue to increase. The appropriate role of institutions must be considered in light of new government directions toward community living for elderly and disabled persons.

Changing Family Composition

Since the 1960s, there have been dramatic changes in the traditional two-parent, single-wage-earner family structure; only 16% of Ontario's families currently fit this pattern. The primary reasons for these changes include a high divorce rate, the economic preference or necessity for two-income families and the increase in the number of unwed mothers choosing to raise their children alone.

Since 1976, the number of single-parent families has increased by 73%, accounting for 12% of all families in Ontario. Eighty-three percent of these families are headed by a female; it is estimated that 60% fall below the poverty line. An estimated 465,000 children or 15% of all children in the province live in single-parent families.

Between 1971 and 1981, the average number of single parents receiving income support increased by 51%. The growth of the single-parent population is expected to remain high as the "baby boom" generation passes through its child-rearing years; consequently, it is expected that the need for income support and other services will continue to increase.

The average family size has dropped from 3.2 in 1981 to 3.1 in 1986. One-person households are increasing, particularly for young adults and elderly women.

The changing family composition along with the declining presence of extended family will create more demands for government assistance regarding income support, child care, care for the elderly (particularly those living alone) and care for disabled dependants.

Women in the Labour Force

Women have entered the labour force in dramatic numbers in the last 15 years. During the 1980s women will account for about 65% of the total labour force growth. By the year 2000, their rate of participation is expected to equal that of men.

Despite a relatively high labour force participation rate, a substantial number of female sole support parents earn incomes below the poverty level. Generally, women are in low-paying service and clerical jobs; many work on a part-time basis only. In 1980, less than 33% of female workers were in private pension plans as compared with 46% of male workers.

In the longer term, there is potential for fewer women to depend on government income support as their participation in the labour force increases and as they pursue higher education and better jobs. Provincial pay equity legislation passed in 1987 will also help to close the gap in wages between men and women. In the short term, however, the need for government assistance with respect to affordable child care, income support programs, education and retraining programs will continue to increase.

Poverty

Poverty in Canada declined significantly during the 1970s but began to increase in the 1980s. The economic recession and the rise in unemployment rates have contributed to an increase of 25% in the number of low income families in Ontario since 1980. Recent improvements in the unemployment rate, however, have contributed to a decline in Ontario's family poverty level from 11.8% in 1984 to 10.2% in 1985, the lowest in Canada.

Single-parent women, youth and the elderly are the most vulnerable to poverty. Sixty percent of families headed by women are poor as compared with 10% for male-led families. Young families with children have experienced a substantial increase in poverty; the poverty rate for families led by persons under age 25 rose from 21% in 1980 to 31% in 1984. Unattached youth and single elderly women are particularly vulnerable to poverty: 1985 data from the National Council on Welfare indicate that 48% of single youth and 47% of single elderly persons in Ontario are poor.

During the 1980s there has been a significant increase in the caseloads of income maintenance programs. There has also been increased use of secondary welfare services such as food banks and emergency housing services. The need to provide assistance to the unemployed, the marginally employed and the working poor has put considerable pressure on the province and municipalities. The increasing numbers of sole support parents relying on government benefits also creates administrative and financial pressures, pending the transfer of these persons to the provincial Family Benefits program. The number of people receiving both short-term and long-term social assistance benefits and their length of stay on provincial and municipal caseloads are increasing.

Affordable Housing

The lack of affordable housing for poor and low income individuals and families is acute at this time, particularly in urban centres, where the vacancy rate for rental accommodation is less than 1% and 0% for subsidized housing. Waiting lists are long. As a result, emergency and short-term shelters are increasingly utilized by clients whose primary need is long-term affordable shelter. The homeless population includes unemployed youth, the elderly, abused women and their children, teenage single mothers, single parents, ex-psychiatric patients and drug abusers.

There is considerable pressure on the provincial and municipal governments to adjust welfare rates to a higher level, and to provide affordable housing.

Employment and Unemployment

Since the early 1970s, the Ontario economy has experienced periods of recession, particularly in the early 1980s. Currently, the Ontario economy is in a strong growth period although certain sectors are still feeling the impact of the recession of the early 1980s when the rate of unemployment rose to 11%. Currently, the provincial average for unemployment is about 8% with significant regional variations, for example: 4.8% in Metropolitan Toronto, 9.8% in Thunder Bay, 11.5% in Sudbury, 8.8% in London.

The present overall jobless rate is expected to continue for some time; new job creation will be far less than the demand. Technological change will place increasing demands on the flexibility of workers and job training programs. Increased skills and training will be required in managerial, professional and technical jobs and the skilled trades.

The largest growth in employment is expected in service industries, particularly business management, information services, accommodation, food and leisure. The service sector is expected to offer an increasing number of lower-skilled lower-paying jobs.

Dramatic shifts in employment opportunities from year to year can lead to destabilization of the resources of communities and families. The continuing high jobless rate in many areas particularly affects women, disabled persons and young adults under age 24. The need for adult education and training programs, literacy programs and skills development programs will continue to increase for those hardest hit by the demands of the job market, many of whom become clients of social assistance programs. A stronger linkage between those programs and employment-related programs for employable clients is necessary to encourage and support their efforts.

Under the current arrangements, this significantly affects municipalities, which are responsible for financially assisting employable clients.

Technology

Some technological innovations will have a significant effect on social services. For example, electronic devices enable some disabled persons to walk, and homes can be equipped with computerized systems that make it possible for some disabled and frail elderly persons to live independently. Demand for such devices will increase. Disabled persons can also use technological aids in the workplace. The increased opportunities for disabled persons to enter the workforce create pressure for the government to address the lack of employment incentives built into the structure of its current income support programs and to ensure that necessary transportation and personal attendant care services are accessible.

Medical advances, along with the growth of specialized treatment centres, are improving survival rates for individuals who suffer traumatic injury or illness. Many will require life support systems and high levels of long-term care. Increasingly, this care is being sought outside of an institutional setting. Alternative forms of community care and support services will be required to keep pace with growing demand.

Technology also can contribute to better program planning and management evaluation systems. It can increase flexibility in program design and accountability for results. This could mean more efficient administrative processes for all levels of government and service providers, and an improved network of services for clients.

Multiculturalism

Ontario is a multicultural society. In 1986, 30% of Ontario's population reported ethnic origins other than English or French. Historically, half of all immigrants to Canada come to Ontario and at least half of these individuals settle in and around Metropolitan Toronto. The Ministry of Treasury and Economics projects net international migration to Ontario at 39,000 persons per year from 1984 to 2006.

Because of lower employment growth in construction and manufacturing, the majority of immigrants now find employment in the lower-paying service sector. This can affect the economic stability and self-reliance of families and create additional demands for subsidized child care, low-cost housing and other services.

Increasingly, service providers are hiring multilingual staff in an effort to serve their communities in an effective and culturally sensitive manner. New human rights legislation protects the diversity of cultural heritage and will increase the need for multilingual capabilities across the broad social services spectrum.

FEDERAL AND PROVINCIAL GOVERNMENT DIRECTIONS

Human Rights Legislation

The Canadian Charter of Rights and Freedoms (1982) and revisions to the Ontario Human Rights Code (1982) have had significant implications for social services and social policy. They reflect an increased awareness of individual rights and anti-discrimination issues. Advocacy groups and individuals have challenged legislators and service providers to conform to the letter and spirit of the law. The Ministry of Community and Social Services has made a number of changes in its regulations, policies and legislation, but there are still potential conflicts in areas such as income maintenance, child welfare and adult guardianship.

Both the federal Young Offenders Act (1984) and the provincial Child and Family Services Act (1984) recognize and protect the rights of children and families in significantly different ways from previous legislation. Government and service providers are faced with the challenge of implementing these Acts in ways that do protect the best interests of children and youth.

Provincial pay equity legislation was passed in 1987 and is being implemented in phases. This may affect some Ministry programs where women are employed at low wages. Municipalities and agencies also will be affected by the rising costs of increasing salaries. The question of how these costs will be covered is not yet resolved.

French Language Services

The Provincial French Language Services Act was passed in 1987. The Act requires provincial programs and documents to be made available in both English and French in designated areas of the province. The Act excludes municipalities unless a municipality designates itself for the provision of French language services (which some municipalities have done).

Service providers in the designated areas who are required to provide bilingual services and are not already doing so, will feel the impact on their resources, staffing and training.

Services to Native Peoples

In 1986, about 2% of Ontario's population were of Aboriginal origins. Today, there is greater recognition of Native concerns and increased pressures to develop services specific to the Native population.

At present, service emphasis for the Indian population has been on children and families living on reserves. In the future, the service needs of those living off-reserve will also be addressed by increasing the number of Native service providers and Native staff in government and in existing agencies, where appropriate. It is the intent of the Ministry of Community and Social Services that, where possible, programs and services for the Native community will be designed and delivered with the participation of the community. Currently, about 100 bands administer General Welfare Assistance on reserves; also, three Native agencies in northern Ontario have been designated as child welfare agencies under the provincial Child and Family Services Act.

The federal government's commitment to eventual Native self-government and new federal initiatives such as the Alternative Funding Arrangements which gives bands broad powers in the delivery of various services, will also have an impact on provincial programs for Native communities.

MINISTRY POLICY AND PROGRAM DEVELOPMENTS

Social Assistance Review

In July 1986, the Minister of Community and Social Services announced the appointment of a 12-member, independent review committee to examine the social assistance system and related programs across Ontario. The review encompasses programs under the General Welfare Assistance Act and the Family Benefits Act, and includes the impact of policies and programs of other Ministries and levels of government. The mandate of the Committee is to make recommendations to provide the province with a set of broad principles for the social assistance system and to provide a framework for ensuring that programs are consistent with those principles.

Public hearings were held across the province to allow input from all regions, and written submissions were invited. The Committee has now completed its deliberations and a final report is expected by the fall of 1988. The present Committee will consider that report and its recommendations in the course of preparing its own final report.

Agency Relations and Accountability Project

In early 1987, the Ministry initiated this project to look at the relationships which exist between the Ministry and funded community agencies and municipalities. The purpose of the review is to develop a framework and processes with respect to planning, delegation of authority and accountability which will strengthen and improve management capabilities of both service providers and the Ministry in the delivery of social services.

A discussion paper will be published and distributed in the near future. A consultation process will follow with municipalities and funded community organizations which will form the basis for the development of policy recommendations to the Minister.

The Provincial-Municipal Social Services Review Committee will consider the findings of this project during its deliberations and in the preparation of its final report.

Expanded Child Care Services

In 1987, both the federal and the Ontario governments announced new directions for child care, which will substantially expand the current child care system. Both levels of government consider child care to be a public service. This necessitates more consistent availability of services across the province, affordability for parents and quality services for children.

Currently, a number of municipalities do not participate in any aspect of service provision or funding. It will be necessary to make decisions about the future role of all municipalities in planning, funding and delivering a network of child care services.

Service Delivery Directions

In its "Corporate Plan" (1987) the Ministry stated that the social service programs it develops or sponsors will be designed to help individuals and families achieve personal independence; there is a strong focus on supporting their efforts to achieve self-reliance. Also the Ministry makes a commitment to provide the necessary support systems to complement and strengthen community-based services.

Three major service delivery directions announced by the Ministry in its "Corporate Plan" and "Strategic Directions" documents are discussed below:

a) Emphasis on Independent Community Living for Disabled and Elderly Persons

Elderly and disabled persons will be assisted to live in the community with the greatest degree of self-determination and self-reliance possible, considering their individual needs. While it is recognized that institutional care may be the most appropriate option for certain individuals, this is seen increasingly as only one alternative that should be available to individuals and families. A comprehensive and planned province-wide network of community support services will be required to help frail elderly and disabled persons to live as independently as possible.

Municipalities have a long-standing tradition of providing institutional care and, in some cases, a variety of community services for their elderly residents. They have not been involved in providing institutional services for physically or developmentally disabled persons and have participated to only a small degree in financially assisting and delivering community services for disabled persons. The appropriate role for municipalities in the funding, planning and administering of a broad network of community services and continuing provision of institutional care is another matter to be addressed.

b) Emphasis on Flexible, Community-based Services

The Ministry has stated that local communities should be the focus for planning and the centre of responsibility for delivering services. The Ministry is emphasizing the integration of people with special needs into the mainstream of their communities and encouraging flexible, integrated local services rather than distinct, specialized social services, which may stigmatize and isolate clients. As previously noted, the Ministry's strategy is to provide the supports necessary to equip local communities to plan and ensure that a range of services is available for their residents. Local planning and delivery, however, do not necessarily mean municipal involvement. Currently, municipalities vary considerably across the province in their financial ability and interest in planning, providing or coordinating services in their communities. It is recognized that future funding arrangements for these activities and programs will have a considerable bearing on the willingness of municipalities to participate.

One new approach to delivery and access of community health and social services for elderly and physically disabled adults was announced by the provincial government in June 1987. Five "One-Stop Access" pilot projects will be established to provide an integrated and coordinated approach to community services. The planning, development and administration of this program will be assigned to a local authority. This new approach could have an impact on community services now being delivered by some municipalities.

c) Broader Accessibility of Services

One of the Ministry's stated goals is to ensure that support services are reasonably accessible to individuals and families. While local planning and delivery of services should contribute to making services more available, there are two other issues that must be considered: the cost of services both to clients and funders, and the extent to which local discretion can be exercised if a consistent range of services is to be available on a province-wide basis.

Historical regional funding disparities, complex funding arrangements and the exercising of municipal discretion regarding the provision and funding of certain social services are all factors that have contributed to the current unequal availability of services across the province. The provincial goal of having appropriate support services reasonably available to those in need raises questions regarding appropriate funding arrangements, the degree to which municipal or local discretion can or should be maintained for the provision of basic services and the appropriate means of ensuring that local needs are identified in cases where municipalities choose not to participate.

CONCLUSION

This chapter has outlined the historical development of social services in Ontario and the significant effects of current trends on the range of social service programs. These historical and contemporary factors will shape the formulation of appropriate options for the future provincial-municipal framework for service provision.

It is recognized that a new clarity and simplicity must be brought to the social services system in order to meet the demands of today and achieve the goals of the future. The most critical step is defining the appropriate provincial-municipal roles and responsibilities in the provision of all or part of a province-wide network of services.

CHAPTER III: ASSUMPTIONS

In the course of analyzing the existing social service system and considering what changes may be required, the Committee identified several critical facts about the environment in which the system operates. These facts, or preconditions, have influenced the selection of options set out in Chapter V, and they will similarly have a bearing on the Committee's ultimate recommendations for a redesigned provincial-municipal framework. Accordingly, they may be viewed as assumptions underlying the present discussion paper, the consultation process and, subsequently, the Committee's final report.

There are five assumptions, and they are briefly explained below.

1. SOCIAL CHANGE

Rapid and wide-ranging social change will continue to put pressure on the social services program. Programs and specific services within those programs will have to be developed to meet the changing needs of society. Some new services may be required; the focus and content of certain programs may have to be adjusted; priorities may shift; and many programs will have to accommodate a growing clientele.

An effective social services system has the capability not only to respond to social change as it occurs, but also, and perhaps more important, to anticipate such change. Social change is frequently disruptive; indeed, many social services have come into being for the purpose of remedying its effects. To the extent that change can be anticipated, the opportunity exists to minimize those effects and perhaps, ultimately, to reduce the need for certain services.

2. THE DEMAND FOR COMMUNITY-BASED SERVICES

The growing preference for community-based services is now recognized to be an established trend. "Community-based" delivery does not necessarily mean that services are provided by local municipalities; rather, it means that services are available in the community where the client lives.

The demand for community-based services affects virtually all aspects of the system: funding requirements, staffing of facilities, maintenance of service standards, client access and locus of responsibility. Further developments of community-based services will call for greatly improved mechanisms for province-wide coordination of the social services system.

3. FINANCIAL REALITIES

The further development of the social services system will be constrained, to some extent, by the availability of sufficient financial resources at all levels of government and within the voluntary sector. As the demand for services increases, it will be necessary to develop new types of services and more efficient, affordable and cost effective approaches to delivery.

4. MUNICIPAL DIVERSITY

A permanent feature of the environment for social service delivery is the diversity of municipalities across the province - notably with respect to their financial and administrative capabilities to provide local services, their priorities and the clientele they serve. The future provincial-municipal framework must be designed to accommodate these differences and provide a more equitable base for service delivery.

5. GOVERNMENT DIRECTIONS

Federal and provincial social policy sets the direction for development of the social services system. It directly affects the level of funding available for particular programs and services. It also guides decisions on such matters as service delivery, client eligibility, service standards and planning. Consequently, government policy must be taken into account in designing the framework for the provincial-municipal partnership.

CHAPTER IV: FUNDING ARRANGEMENTS

This chapter provides a broad description of existing provincial and municipal arrangements for funding social services. Currently, cost-sharing between the federal and provincial governments is determined under the Canada Assistance Plan (CAP) and the Established Program Financing (EPF) agreements. Provincial-municipal cost-sharing measures are outlined in provincial legislation for the social service programs that municipalities administer. (The specific acts are identified in Chapter V, which describes provincial-municipal responsibilities for the six broad program areas of the social services system.) Provincial expenditure data throughout this chapter indicate costs borne by the Ministry of Community and Social Services; expenditures by other Ministries on the same or related programs are not included.

Table IV-1 indicates the cost-sharing percentages for all programs among the three levels of government.

Table IV-2 summarizes all provincial (Ministry) and municipal expenditures for social services in 1986. The municipal data were obtained by using actual municipal expenditure figures for their fiscal year (which corresponds to the calendar year). As the provincial fiscal year runs from April 1 to March 31, 25% of the Ministry's actual expenditures for 1985-86 and 75% of expenditures for 1986-87 were used in order to correlate them to municipal expenditures.

The municipal non-shareable expenditure data for 1986, as outlined in Table IV-3, were obtained through a questionnaire sent by the Committee in the fall of 1987 to upper-tier and lower-tier municipalities. The data cover a 100% response rate from full-time municipal administrations, representing 97% of the Ontario population. The table indicates administration costs, municipal grants and purchased or contracted services that are not cost-shared by the province.

Total municipal expenditures on social services for a 10-year period (1977 to 1986), and these expenditures as a percentage of total municipal expenditures by municipal sector covering the same period, are outlined in Tables IV-4 and IV-5. These data are based on information provided by the Ministry of Municipal Affairs.

A brief commentary on these tables follows.

Table IV-1

FEDERAL/PROVINCIAL/MUNICIPAL
COST-SHARING PERCENTAGES

Provincial/Municipal Programs	Federal	Net Provincial	Gross Prov.	Net Municipal	Net Other
Municipal Assistance - GWA	50	30	80	20	-
Special Assistance	50	-	50	50	-
Supplementary Aid	50	30	80	20	-
Municipal Administration Costs - GWA	50	-	50	50	-
Purchase of counselling services	50	30	80	20	-
Work Activity Projects - GWA	50	30	80	20	-
Employment Opportunities Program	50	30	80	20	-
Municipal Homes for the Aged-Operating	**	70	70	30	-
-Capital	-	50	50	50	-
Elderly Persons' Centres-Operating	-	50	50***	min of 20	30
-Capital	-	30	30	min of 20	50
Homemakers Services	50	30	80	20	-
Nurses Services	**	**	80	20	-
Home Support Services	50*****	70	70****	variable	30
Children's Aid Societies-Operating	50	30	80	20	-
-Capital	-	25	25	variable	variable
Child Welfare Municipal Grants (JDA Committals)	-	50	50	50	-
Child Care (Day Care)-Operating	50	30	80	20	-
-Capital	******	-	50	50	-
Provincial Programs					
Provincial Allowances & Benefits (FBA)	50	50	100	-	-
Homes for the Aged (Charitable)					
-Operating	**	80	80	-	20
-Capital	-	variable	variable	-	balance
Min. Purch. of Counselling & Support Serv.	50	50	100	-	-
Integrated Homemakers Program	50*****	50	100	-	-
Sheltered Workshops	40	40	80	-	20
Training Expenses (V.R.S. Act)	50	50	100	-	-
Rehabilitation Services for the Disabled	-	100	100	-	-
Credit Counselling	30	30	60	-	40
Support Services for Physically Disabled	45	55	100	-	-
Halfway Homes	40	40	80	-	20
Community Support Services (Children)	50	50	100	-	-
Child & Family Intervention Services	50	50	100	-	-
Child Care - Approved Corp					
-Operating	40	40	80	-	20
-Operating (Disabled)	50	50	100	-	-
-Operating (Preschool)	43	43	86	-	14
Child Care Approved Corp - Capital	******	******	80	-	20
Child Treatment Services	-	100	100	-	-
Young Offenders Services	50	50	100	-	-
Childrens Aid Societies-Operating(Native)	95	5	100	-	-
Schedule II Facilities-Operating	**	**	100	-	-
-Capital	-	67	67	-	33
Homes for Retarded Persons-Operating	**	**	80	-	20
-Capital	-	80*	80*	-	balance
Community Accommodation - Children	50	50	100	-	-
Sheltered Workshops	50	50	100	-	-
Lifeskills	50	50	100	-	-
Protective Services	50	50	100	-	-
Support Services	**	**	100	-	-

*	Lesser of 80% or $15,000.00
**	Established Program Financing (block funding)
***	As of January, 1988 to maximum of $30,000 for 12-month period
****	As of January, 1988, cost sharing is 70%
*****	For clients in need according to CAP definitions
******	50% of depreciation under CAP

PROVINCIAL AND MUNICIPAL
SOCIAL SERVICES EXPENDITURES - 1986

		Municipal Share	%	Provincial Share	%	Total	%
G.W.A. Allowances and Benefits		105,479,872 **		442,053,992 **		547,533,864	
G.W.A.-Administrative Costs		42,719,571		42,719,571		85,439,142	
G.W.A.-Purchase of Counselling		450,810		1,803,240		2,254,050	
Work Activity Projects		470,604		1,882,417		2,353,021	
Employment Opportunities Program (E.O.P.)		1,424,018		5,290,540		6,714,558	
Homes for the Aged							
-Operating		38,977,598		196,507,773		235.485,371	
-Capital		15,132,107		15,132,107		30,264,214	
Elderly Persons' Centres							
-Operating		3,073,552		1,746,445		4,819,997	
-Capital		3,123,008		933,175		4,056,183	
Home Support Services		4,128,884		10,823,570		14,952,454	
Homemakers & Nurses Services		2,289,461		9,157,844		11,447,305	
Community and Neighbourhood Resource Centres		2,690,742		1,729,757		4,420,499	
Children's Aid Societies							
-Operating		43,352,517		185,802,828		229,155,345	
-Capital		-		575,742		575,742	
Children's Services Coordinating and Advisory Groups		- ***		1,606,331		1,606,331	
Child Welfare Municipal Grants		4,914		4,914		9,828	
Child Care (Day Care)							
-Operating		23,239,471		94,338,673		117,578,144	
-Capital		96,522		386,088		482,610	
Sub Total		286,653,651	22.1%	1,012,495,007	77.9%	1,299,148,658	100.0%
Municipal Administration Cost - Non-Shared	17,475,553						
Municipal Grants - Non-Shared	14,893,060	32,368,613		0		32,368,613	
Sub Total Carried Forward		319,022,264	24.0%	1,012,495,007	76.0%	1,331,517,271	100.0%

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	Municipal Share	%	Provincial Share	%	Total	%
Sub Total Brought Forward	319,022,264	24.0%	1,012,495,007	76.0%	1,331,517,271	100.0
Provincial Programs						
Income Maintenance						
Family Benefits & Allowances			1,070,578,487		1,070,578,487	
D.O.E. Income Maintenance			41,569,423		41,569,423	
Adult Services						
Homes for the Aged - Operating (Charitable)			52,220,428		52,220,428	
- Capital (Charitable)			17,935,416		17,935,416	
Elderly Persons' Centres			46,173		46,173	
Homemakers & Nurses Services			1,751,144		1,751,144	
Community & Neighbourhood Resources			582,782		582,782	
Ministry Purchase of Counselling & Support Service			32,134,845		32,134,845	
Integrated Homemaker Program			3,621,951		3,621,951	
Sheltered Workshops			14,496,273		14,496,273	
Training Expenses (VRS)			13,234,324		13,234,324	
Rehabilitation Services for the Disabled			3,667,606		3,667,606	
Financial Assistance to Charitable Homes			9,123,149		9,123,149	
Credit Counselling			1,467,726		1,467,726	
Support Services - Physically Disabled			12,436,133		12,436,133	
Halfway Homes			5,898,078		5,898,078	
Adult Services - Other			2,540,671		2,540,671	
D.O.E. - Adult Services			14,236,269		14,236,269	
- Program Administration			20,390,570		20,390,570	
- Field Administration			11,080,492		11,080,492	
Developmental Services						
Schedule II Facilities			45,492,472		45,492,472	
Homes for Retarded Persons			66,151,155		66,151,155	
Community Accomodation - Children			24,938,078		24,938,078	
Sheltered Workshops			31,789,347		31,789,347	
Life Skills			20,927,447		20,927,447	
Protection Services			5,661,836		5,661,836	
Support Services			67,567,003		67,567,003	
Developmental Services - Other			2,391,063		2,391,063	
D.O.E. - Developmental Services (Schedule I)			239,009,434		239,009,434	
Children's Services						
Community Support Services			11,188,488		11,188,488	
Child & Family Intervention Services - Operating			116,787,396		116,787,396	
Child & Family Intervention Services - Capital			3,722,192		3,722,192	
Child Care - Operating			32,491,071		32,491,071	
- Capital			4,123,369		4,123,369	
Child Treatment Services			13,688,474		13,688,474	
Young Offenders Services			38,855,800		38,855,800	
Children's Aid Society - Operating (Native)			4,579,803		4,579,803	
- Capital			1,109,795		1,109,795	
D.O.E. - Children's Services			61,591,917		61,591,917	
			3,133,573,087		3,452,595,351	
Ministry Administration Costs			33,755,989		33,755,989	
TOTAL EXPENDITURES	319,022,264	9.2%	3,167,329,076 *	90.8%	3,486,351,340 *	100.0

* includes federal cost-sharing as outlined in Table 1

** includes Special Assistance and Supplementary Aid expenditures

*** municipalities may contribute by grants or services in-kind

- Table IV-2 shows that provincial and municipal cost-shared expenditures for social services in 1986 totalled $1,299.1 million. Of this amount, the municipal share was about $286.7 million or 22.1% and the provincial share was about $1,012.5 million or 77.9%.

  Of the total provincial-municipal expenditures of $1,299.1 million, 22.1% or $286.7 million was provided by municipalities, 30.2% or $292 million was contributed by the provincial government, and 47.7% or $620 million was contributed by the federal government under CAP and EPF.

- When non-shared municipal administrative expenditures and grants for 1986 are taken into consideration (see Table IV-3), the municipal contribution increases to $319 million or 24.0%.

- In a broader context, taking all provincial expenditures for social programs into consideration, municipalities provided 9.2% in 1986 of the total expenditures for social service programs.

NON-SHARED MUNICIPAL EXPENDITURES - 1986

Table IV-3

MUNICIPAL ADMINISTRATION COSTS	UPPER TIER	LOWER TIER	TOTAL
RENT	5,378,110		5,378,110
HEAT/LIGHT	134,244		134,244
JANITOR SERVICES	1,065,835		1,065,835
ACCOMODATION - OTHER	665,724		665,724
TELEPHONE	1,873,096		1,873,096
OFFICE SUPPLIES/EXPENSES	1,835,317		1,835,317
POSTAGE	809,598		809,598
EQUIP/FURNISHINGS	990,329		990,329
ACCOUNTING	1,157,774		1,157,774
PERSONNEL	828,709		828,709
LEGAL	238,452		238,452
AUDIT	114,760		114,760
COMPUTER	171,006		171,006
SS SHARE - OTHER	498,528		498,528
SAL/ADMIN/HOUSING	17,217		17,217
SAL/ADMIN HOMES FOR AGED	230,036		230,036
SAL/ADMIN CHILD CARE	197,009		197,009
SAL/ADMIN HOMEMAKERS/NURSES	12,454		12,454
SAL/ADMIN HOME CARE	1,966		1,966
SAL/ADMIN - OTHER	536,452		536,452
TRAVEL/TRAINING	73,885		73,885
EXPENSES OVER APPR. BUDGETS	105,359		105,359
UNAPPROVED STAFF POSITIONS	439,282		439,282
SHAREABLE - OTHER	100,411		100,411
TOTAL	17,475,553		17,475,553
MUNICIPAL GRANTS, PURCHASES OR CONTRACTED SERVICES			
UNITED WAY	155,831	69,300	225,131
SOCIAL PLANNING AGENCY	576,713	301,273	877,986
COMMUNITY INFO CENTRES	168,016	228,169	396,185
COMMUNITY SERVICE CENTRES	847,200	856,952	1,704,152
EMPLOYMENT SUPPORT SERVICES	91,225	361,455	452,680
COMM'Y EMPL SUPP SERV.	25,644	309,841	335,485
COMM'Y DEVELOPMENT	107,931	580,921	688,852
RECREATION	62,469	105,355	167,824
TRANSPORT'N - OTHERS	100,000	25,000	125,000
HOMEMAKERS SERVICES	34,078	30,790	64,868
CRISIS INTERVENTION	176,520	92,250	268,770
FAMILY VIOLENCE COUNSELLING	448,910	102,095	551,005
EMERGENCY HOSTELS	31,636	346,972	378,608
CHILD CARE - DAY CARE	50,682	1,965,950	2,016,632
CHILDREN'S - OTHER	644,262	1,175,627	1,819,889
DISABLED - OTHER	1,010,685	318,169	1,328,854
ELDERLY - OTHER	480,276	416,400	896,676
FAMILIES - OTHER	976,223	122,850	1,099,073
SOCIAL SERVICES - OTHER	1,129,126	366,264	1,495,390
TOTAL	7,117,427	7,775,633	14,893,060
GRAND TOTAL	24,592,980	7,775,633	32,368,613

- As shown in Table IV-3, the majority of non-shared municipal administration costs of $17.4 million are for items such as rent, janitorial services, telephone, supplies, postage, accounting services, etc.

  Municipal grants and purchased or contracted services, totalling $14.9 million, span the whole range of social services and generally reflect a non-statutory responsibility on the part of the municipality. While in many municipalities such grants are a minor budgetary item, in others they represent significant financial support for a particular community activity.

  The municipal grants do not include municipal expenditures for public parallel transportation for disabled persons, or subsidized municipal transit fares for seniors.

  Municipalities incur these costs for a variety of reasons. On the basis of the questionnaire distributed by the Committee, it appears that generally such expenditures are made or incurred in the following circumstances:

  1. The program or service being provided is not approved for subsidy under provincial legislation or policy (for example, community service centres).

  2. The municipality making the payments for service delivery is not the approved level of municipal government for undertaking the expenditure (certain services are not subsidized by the province if they are provided by a lower-tier municipality).

  3. The expenditure is in an approved area for provincial subsidy but exceeds provincial guidelines or financial limits (for example, excess staff ratios or travel costs).

  4. The expenditure is of a general nature and does not identify a direct service or a specific client group receiving services (for example, a municipal general grant to a United Way fund or enrichment of local social service programs).

Table IV-4

TOTAL MUNICIPAL EXPENDITURES ON SOCIAL SERVICES, 1977 TO 1986 ($000's)

Year	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Operating Expenditures										
General Assistance	206,241	237,437	261,256	302,292	343,650	432,650	556,615	598,727	632,227	711,369
Elderly	172,805	190,613	211,153	233,093	261,898	306,682	338,866	367,702	406,023	444,333
Day Nurseries	35,823	38,589	44,120	51,812	61,075	73,629	84,651	90,172	104,092	129,840
Children's Aid	100,782	115,765	135,096	148,114	166,536	187,766	200,900	209,548	225,825	241,329
Total Social Services	515,651	582,404	651,625	735,311	833,159	1,000,727	1,181,032	1,266,149	1,368,167	1,526,871
Total Municipal Operating Expenditures	3,825,322	4,189,962	4,548,409	5,114,861	5,776,387	6,617,052	7,184,660	7,745,684	8,359,538	8,974,564
Social Services as a Percent of Total (%)	13.48	13.90	14.33	14.38	14.42	15.12	16.44	16.35	16.37	17.01

Table IV-5

SOCIAL SERVICES AS A PERCENTAGE OF TOTAL MUNICIPAL EXPENDITURES BY MUNICIPAL SECTOR, 1977 TO 1986

Year	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Metro Region	12.54	12.68	12.95	12.87	12.53	13.41	15.03	15.13	11.30	16.29
Regions	12.65	13.36	13.72	13.75	13.65	14.09	15.24	15.19	15.26	15.66
County Cities	12.66	13.19	13.01	13.44	14.93	15.95	17.34	16.72	16.07	16.56
District Cities	18.90	18.89	20.15	19.44	19.53	19.84	22.68	22.80	23.13	23.85
Counties	16.68	17.11	18.17	18.46	18.50	19.54	20.10	19.83	19.69	20.12
Districts	17.07	17.29	18.49	18.66	19.31	20.24	20.89	21.26	22.22	23.27

- o Table IV-4 outlines total municipal expenditures in actual dollars over a 10-year period for the four main categories of social services: general assistance, services for the elderly, day nurseries and Children's Aid Societies.

  These four broad categories include such programs as employment programs, institutional care, community programs, and non-shared costs and grants.

  In 1986, total municipal expenditures on social services were $1,526 million. This is a budget total, which includes the provincial share ($1,012 million, from Table IV-2), actual municipal costs (shared and non-shared: $319 million from Table IV-2) and additional expenditures that are covered by user fees (such as payments made by the elderly for institutional care).

  Noteworthy is the fact that, even though the province has assumed greater responsibility for total costs of social services (for example, by moving unemployable persons from General Welfare Assistance, which is a mandatory cost-shared program for municipalities, to the Family Benefits Allowance, which is wholly funded by the province), municipal spending on social services has increased since 1977 from 13.48% to 17.01% of total municipal operating expenditures.

- o Table IV-5 is a breakdown by municipal sector of social services expenditures as a percentage of total municipal expenditures. For 1986, these percentages range from 15.66% for Regions to 23.85% for District Cities.

CHAPTER V: PROGRAM AREAS

This chapter consists of six sections each focusing on one of the following broad program categories.

A. Income Maintenance
B. Child Care
C. Children's Services
D. Services to Elderly Persons
E. Services to Disabled Persons
F. Community Support

Each section has three main headings: Current Situation, Key Issues and Options. Current Situation describes current provincial-municipal responsibilities for the particular program area, and the relevant legislation. It also refers to any recent government initiatives that will affect the future partnership.

The principal concerns of the Ministry, municipalities and other participants in the system are discussed under Key Issues. **It should be emphasized that this review is concerned with provincial-municipal service delivery and funding relationships and is not a program or policy review. The key issues, therefore, focus on problems in the partnership rather than flaws in program design or implementation, except where these directly result from or affect the provincial-municipal relationship.**

Each section sets out options for future service delivery and funding of that program area. Essentially the options propose varying levels of municipal involvement, and in each case, the main implications of choosing the option are identified. The options presented in this paper do not encompass all possible alternatives. They do, however, represent the range of choice available. Variants on these options may well emerge from the consultation process.

The six program areas differ from one another in a number of ways: the degree of current municipal involvement, delivery and funding arrangements, the range and type of services provided and the demand for services. For that reason, the sections vary somewhat in their approach, but the purpose is the same - to identify those elements of each program area which are critical to the provincial-municipal partnership.

It will also become apparent that there are similarities among program areas, notably in many of the issues that have been identified and the factors that give rise to these issues. These cross-connections underline the interrelationship of all program areas within the broader context of the social services system. It is within this broader context that the options must ultimately be considered. A system-wide perspective is provided in Chapters VI and VII.

SECTION A: INCOME MAINTENANCE

Income Maintenance programs provide financial assistance in the form of income and benefits to persons who qualify for such support on the basis of a needs test. There are also several other programs that currently fall into this area because the services they provide are generally considered to be related to the need for income support.

Programs are provided and funded under the General Welfare Assistance Act, the Family Benefits Act and the Vocational Rehabilitation Services Act. They are federally cost-shared under the Canada Assistance Plan (1966).

Current income maintenance and related programs include:

- General Welfare Assistance,
- Family Benefits Allowance,
- Supplementary Aid,
- Special Assistance,
- Employment Opportunity Projects (E.O.P.),
- Work Incentive,
- hostel services,
- Emergency Shelter and Assistance Program, and
- family counselling.

CURRENT SITUATION

General Welfare Assistance (GWA)

Municipalities have traditionally played a significant role in the delivery and funding of income maintenance and related programs at the local level.

Under the General Welfare Assistance Act, municipalities are responsible for the mandatory delivery of allowances and benefits to persons in need on an emergency or short-term basis. This group includes unemployed employable persons; persons whose income is reduced or cut off because of temporary ill health; and unemployable persons who do not qualify for assistance under provincial Family Benefits legislation. In the current system, most persons requiring income support first apply through the municipality for General Welfare Assistance. Persons applying for longer-term provincial allowances remain on General Welfare Assistance pending a decision regarding their eligibility for Family Benefits and subsequent transfer to provincial caseloads.

The General Welfare Assistance Program is cost-shared on an 80:20 basis between the province and municipal governments. In areas where there is no municipal structure, General Welfare Assistance and Family Benefits Allowances are both delivered by the province.

Family Benefits Allowance (FBA)

The Provincial Family Benefits caseload consists of disabled persons, permanently unemployable persons, sole support parents with dependent children, foster children and some elderly persons. Allowances and benefits for Family Benefits clients are funded 100% by the federal and provincial governments.

Integration of Family Benefits Allowance and General Welfare Assistance

As part of recent pilot projects to integrate the delivery of Family Benefits to sole support parents at the municipal level, eight municipalities across the province administer combined FBA/GWA caseloads. The province provides 100% funding for Family Benefits administration, allowances and benefits. Further expansion of integration to other sites has been halted pending the release of the report of the Social Assistance Review Committee and consideration of its findings.

Indian Welfare Services

The province provides 100% reimbursement to municipalities that provide allowances and benefits to clients under the Indian Welfare Services Agreement (status Indians who have resided in a municipality for less than 12 months).

Non-Residents

General Welfare Assistance allowances and benefits supplied to non-residents are reimbursed 100% by the province. These are clients who for any part of the previous 12 months have not resided in Ontario or have resided in a territory without municipal organization.

Special Assistance and Supplementary Aid

Under current legislation, municipalities are the service providers for Special Assistance and Supplementary Aid to eligible clients on a needs-tested basis. These programs are discretionary, and cover exceptional items not provided under the General Assistance and Family Benefits programs. Special Assistance provides funding for items such as surgical supplies, moving expense, and prosthetic devices to General Welfare Assistance clients and the working poor. Supplementary Aid provides funding for the same items to persons on Family Benefits Allowance, Canada Pension or Old Age Security and persons who are receiving Vocational Rehabilitation Services. Cost-sharing for Special Assistance is 50:50 federal-municipal, while Supplementary Aid is funded on an 80:20 provincial-municipal basis.

Administration Costs

Municipalities receive 50% cost-sharing from the federal government for approved costs of administration that are shareable under the Canada Assistance Plan. Included in shareable administration costs are:

- salaries and wages for staff within social services departments,
- travel expenses,
- research and consultation services, and
- computer services.

The province approves specific items for subsidy and sets budget ceilings on expenditures for delivery costs. Where municipal expenditures for administration exceed provincially approved budget levels, municipalities absorb 100% of these costs.

Non-shareable costs of administration under the Canada Assistance Plan guidelines include such items as:

- telephones;
- office supplies;
- most accounting, legal and audit costs;
- accommodation; and
- financing costs.

Municipalities pay 100% of such costs.

Related Programs

Municipalities may participate in the delivery and funding of other income maintenance-related programs, specifically Employment Opportunity Projects, the Emergency Shelter and Assistance Program, hostel services and Family Counselling. The costs of these programs are shared by the three levels of government. Cost-sharing ratios differ among and within individual programs.

Other organizations also may be involved in the delivery of income maintenance-related programs (such as Family Counselling and hostel services) on a contract or purchase of service basis.

In addition, voluntary and charitable institutions, such as churches, food banks and service clubs, provide services to supplement income maintenance programs. These services may be funded through the voluntary sector, municipal social service grants, the province or a combination of these.

Planning

Policy development, rate setting and planning for income maintenance and related programs are undertaken primarily by the province. Planning for the development of local income maintenance-related programs may take place at the municipal and community level.

KEY ISSUES

A comprehensive review of income maintenance and related programs is currently being undertaken by the Social Assistance Review Committee. It is expected that a wide range of issues and concerns will be fully addressed by that Committee in its final report. In the meantime, the present Review has identified the following key issues inherent in the existing provincial-municipal partnership for income maintenance.

Service Delivery

- Access to discretionary programs is not consistent across Ontario; in effect, some income maintenance clients cannot obtain other related services that they need. Barriers to access include geographic factors, lack of services, the absence of appropriate transportation and lack of information about the services and their availability. In many instances, the lack of services can be traced to the cost to the municipality of providing the program.

- There are a number of overlaps in service delivery which result in duplication, as well as gaps in services under some programs. These problems arise from lack of coordination across levels of government, and within and among ministries, and from confusion over their respective roles and responsibilities. For example, employment services are provided by the Ministry of Community and Social Services, municipalities, Canada Employment and Immigration and the Ministry of Skills Development, with no clear definition of the roles to be played or the specific services offered by each.

- Discrepancies in allowance rates for General Welfare Assistance and Family Benefits create two classes of clients with differing status in their community. Given the greater lengths of stay of clients on General Welfare Assistance, and the similarity of basic needs between client groups, the rationale for differing rates has been questioned. There may no longer be a reason to maintain two separate income maintenance rate structures. At a minimum, the range and number of rates could be reduced.

- Because of the delays at the provincial level, the transfer of clients from General Welfare Assistance to Family Benefits may take several months. As a result, clients are in effect penalized because they continue to receive the lower allowance until the granting of Family Benefits. The municipality continues to fund 20% of costs for that same period of time even though the client is eligible for Family Benefits Allowance.

- Although municipalities have been historically involved in the delivery of General Welfare, questions have been raised as to whether senior levels of government should be responsible for dealing in delivery of income maintenance and whether the municipal property tax base is an appropriate funding source for the program.

Funding

- The percentage of persons in receipt of assistance varies dramatically from municipality to municipality. As a result, the impact of General Welfare expenditures is not equal among municipalities. Similarly, municipalities do not have the same ability to finance the program. In fact, it appears that municipalities with high caseloads and lower property tax revenues may pay a proportionally larger share for income maintenance than municipalities with healthy local economies. The ability of municipalities to pay, and the appropriateness of the property tax base as a source of funding for income maintenance, are long-standing concerns that need to be addressed.

- Funding arrangements tend to shift the focus of program development and delivery away from the needs of the client and towards maximizing financial benefits for clients and service providers. To a large extent, this has been related to dissatisfaction with present funding arrangements and the funding disincentives which are built into the system. For example, since Family Benefits Allowances are higher than those for General Welfare Assistance, there is a powerful incentive for clients to try to qualify for Family Benefits. There is also considerable pressure on municipalities to transfer cases because the Family Benefits program is funded 100% by the province. Consequently, cases are transferred for financial reasons, even though many of the necessary support services are provided through municipalities.

  This is also the case with some discretionary programs. For example, municipalities may delay provision of services through the Special Assistance program (for which they pay 50% of the cost) until a client is on the Family Benefits caseload, so that the same item can be provided under Supplementary Aid (to which municipalities contribute 20% of the cost). Often, because of municipal financial considerations, discretionary services may not be provided at all.

  Although current funding arrangements have encouraged municipalities to develop creative and innovative approaches to service delivery, for the most part funding is viewed as the major factor limiting the development of necessary programs and the provision of appropriate services.

- Funding arrangements are overly complex, and there is inconsistency in cost-sharing rates across income maintenance programs.

Complexity can be illustrated by the following example. There is a provision that allows municipalities to receive 90:10 cost-sharing for General Welfare Assistance if caseloads exceed 4% of the population for longer than six months. The onerous administrative workload related to tracking these cases and claiming the enriched cost-sharing mean that few municipalities have in fact benefited from this provision.

Cost-sharing for counselling is a good example of inconsistency in rates. Municipalities share 20% of the cost of employment counselling, whether the service is purchased or provided directly by the municipality. In the case of Family Counselling, the share is 20% if the service is purchased outside, and 50% of staff salaries and administration if it is provided directly. The rationale for such differences is not always clear, and the cost-sharing formula may act as a disincentive to the development of certain types of programs.

- Administrative costs are a significant problem for municipalities. Subsidy rates are considered too low in many cases, and those that are excluded appear to be arbitrary. In addition, some municipalities have higher excluded costs because of local factors beyond their control (such as the size of the caseload and distance between clients and the point of service), yet they must incur these costs in order to deliver services effectively. A further concern is the province's imposition of a ceiling on administrative budgets without taking into account local factors that might justify an increase.

Planning and Rate Setting

- Planning for income maintenance takes place at the provincial level. Although municipalities are seen to be partners in delivery and funding, they have little opportunity to influence decisions that may significantly affect their ability to provide the services expected of them. For example, changes to income maintenance rates and rules are made at the provincial level, often without consultation with or consent from the municipal sector. This causes tension between the two levels of government and risks jeopardizing their relationship in other areas.

- Municipalities feel that the rationale for rate increases or for subsequent rate changes is unclear, and announced changes often prove controversial. The timing of increases also causes problems. Municipalities need to be able to plan for increases in their share of service costs, particularly where their contribution is mandatory. When rate changes are made without prior notice, council-approved municipal budgets must be exceeded, without municipal consent.

OPTIONS

There are many possible ways of defining the provincial-municipal relationship in the area of income maintenance. For purposes of discussion, four options have been outlined which variously propose more, less or the same level of municipal involvement. These are not meant to be either rigid or exclusive; they should be regarded as models representing a range of possibilities.

TABLE V-1

RANGE OF OPTIONS FOR INCOME MAINTENANCE

PROVINCIAL CONTRIBUTION	DEGREE OF MUNICIPAL INVOLVEMENT		
	Current	Increased	Decreased
Rationalized Provincial-Municipal Cost-Sharing	OPTION 1	OPTION 2	
100% Provincial Funding for Allowances and Benefits; Provincial Cost-Sharing for Administration		OPTION 3	
100% Provincial Funding for Allowances, Benefits and Administration			OPTION 4

OPTION 1: **ENHANCED CURRENT SYSTEM: PROVINCIAL DELIVERY TO NON-EMPLOYMENT-READY; MUNICIPAL DELIVERY TO EMPLOYMENT-READY; RATIONALIZED PROVINCIAL-MUNICIPAL COST-SHARING FOR ALLOWANCES, BENEFITS AND ADMINISTRATION**

For the purposes of this option, the current client groups for income maintenance and related programs have been divided into two categories on the basis of employment potential:

> Employment-Ready: includes persons who are able to work, or who would be able to work in the future if they received appropriate employment and social supports;
>
> Non-Employment-Ready: includes persons who are not able to work currently and will not likely be able to work in the foreseeable future for reasons of physical or mental disability.

This option assumes that the basic framework for income maintenance is retained and improved through implementation of changes that address the key issues. Such changes could include:

- joint FBA/GWA intake at the municipal level;
- delegation of authority to approve payment of Family Benefits Allowances, to the municipal level;
- improvement in transfer time from General Assistance to Family Benefits, or retroactive payment of the higher allowance from the date of eligibility ;
- consolidation of part-time welfare administrations;
- simplification/rationalization of the rate structure;
- consultation with municipalities on rate changes and policy development;
- improvements in electronic funds transfer capability;
- rationalization of cost-sharing.

Implications

- improves the system without large-scale change;
- preserves current provincial-municipal roles;
- capitalizes on the strengths of the current system;
- improvements could begin immediately;
- could be the first step in a movement towards implementation of one-tier delivery at the provincial or municipal level;
- does not address issues relating to the complexity of the two-tier system;
- may improve access to discretionary programs;
- will require establishment of an appropriate cost-sharing formula;
- addresses municipal ability to pay;
- may increase provincial costs;
- may simplify funding arrangements;
- would reduce administrative complexity.

OPTION 2: MUNICIPAL DELIVERY OF ALL INCOME MAINTENANCE AND RELATED PROGRAMS: RATIONALIZED PROVINCIAL-MUNICIPAL COST-SHARING FOR ALLOWANCES, BENEFITS AND ADMINISTRATION

This option involves an increased municipal role in the delivery of income maintenance to all clients. Funding for income maintenance, allowances, benefits and administration would be cost-shared by the province and municipalities, according to a formula which reflects municipal ability to pay.

Implications

- an appropriate cost-sharing formula would have to be developed;
- could increase provincial costs;
- addresses the need to simplify and streamline funding arrangements;
- may require changes to federal cost-sharing formulas;
- reduces administrative/service duplication; eliminates parallel service delivery systems; promotes an integrated approach to client service;
- permits more consistent access to services;
- local delivery structures are already in place and would require expansion to meet service demands;
- can be implemented in stages;
- results in major change to current provincial structures and roles;
- maintains municipal flexibility regarding direct delivery or purchase of service;
- likely creates larger service structures at the municipal level;
- requires consolidation to full-time municipal welfare administrations;
- requires detailed planning and phasing;
- might complicate coordination of income maintenance with other provincially delivered programs for certain client groups (such as persons with disabilities and elderly persons).

OPTION 3: MUNICIPAL DELIVERY OF ALL INCOME MAINTENANCE AND RELATED PROGRAMS: 100% PROVINCIAL FUNDING OF ALLOWANCES AND BENEFITS; RATIONALIZED PROVINCIAL-MUNICIPAL COST-SHARING FOR ADMINISTRATION

This option would see an increase in municipal involvement in the delivery of income maintenance and related programs. Provincial funding for allowances and benefits would be enriched to 100% Administration would be cost-shared by the province and municipality using a formula that takes municipal ability to pay into consideration.

Implications

- eliminates tensions arising from the involvement of two levels of government in delivery;
- could capitalize on benefits of pilot projects to integrate the delivery of Family Benefits Allowance and General Welfare Assistance at the municipal level;
- permits more consistent access to services;
- increases provincial costs;
- protects municipalities from rising costs related to caseload and rate increases;
- requires addressing current shareable/non-shareable administration categories;
- requires development of an appropriate cost-sharing formula for administration;
- necessitates determination of municipal involvement in planning, delivery and funding;
- necessitates changes in provincial structures and roles.

OPTION 4: PROVINCIAL DELIVERY OF ALL INCOME MAINTENANCE AND RELATED PROGRAMS: 100% PROVINCIAL FUNDING

This option would increase provincial involvement in the delivery of income maintenance and related programs through elimination of the municipal delivery role. The province would increase its funding of income maintenance to 100%.

Implications

- greatly increases provincial costs;
- eliminates municipal costs; addresses many funding issues including municipal ability to pay;
- reduces administrative/service duplication; eliminates parallel service delivery systems; promotes an integrated approach to client service;
- eliminates inconsistencies in the provision of related programs;
- facilitates program development through linking of planning, delivery and funding at the provincial level;
- facilitates coordination with other provincial programs;
- requires examination of provincial structures to ensure local, community-based delivery;
- requires changes in current municipal structures and roles;
- allows the province flexibility regarding direct delivery or purchase of service;
- creates a larger delivery structure than that which now exists at the provincial level;
- implementation requires detailed planning and phasing.

SECTION B: CHILD CARE

The formal child care system in Ontario consists of a variety of services such as child care centres, supervised private home child care, workplace child care and nursery programs, among others. These services are licensed under the provincial Day Nurseries Act (revised 1980) and, where funded, are federally cost-shared under the Canada Assistance Plan agreement (1966) pending new federal legislation on child care. Subsidized services are provided by municipalities, at their discretion, and by corporations. In addition, municipalities may purchase subsidized services from local private operators, non-profit and commercial. Service providers who receive government funding are required to cost-share operating and capital expenditures.

In 1987 the federal and provincial governments announced new strategies for child care, which have these common goals:
- to increase accessibility for clients,
- to develop quality programs,
- to strengthen partnerships, and
- to foster informed parental choice.

These initiatives will have a significant impact on future provincial-municipal arrangements for child care. They are discussed in greater detail under Key Issues.

CURRENT SITUATION

Responsibility for child care services is shared among the Ministry, municipalities and "approved corporations". Their respective roles and broad responsibilities are described below.

Ministry Roles and Responsibilities

Ministry staff are responsible for administration and enforcement of the Day Nurseries Act and Regulations. They inspect, license and supervise the services provided by day care centres, nursery schools and private home day care agencies.

The Regional and Area Offices of the Ministry are responsible for operational planning and the allocation of resources for child care services within their boundaries. They approve an annual funding level to individual municipalities or approved corporations for subsidized child care, based on an agreed number of subsidized spaces to be provided.

The Ministry provides 80% funding of the gross operating costs of service to families eligible for subsidy. Municipalities and approved corporations must pay the remaining 20%. Provincial funding for developmentally handicapped children integrated into regular child care programs is enriched to 87% for children under age 5, 100% for children over age 5.

In general, cost-sharing for capital projects is provided to municipalities on a 50:50 basis; for approved corporations, on an 80:20 basis.

In the policy paper "New Directions for Child Care" issued in June 1987, the Ministry announced the immediate implementation of three-year planning cycles for child care. The Ministry will continue to provide leadership in service planning, but in collaboration and consultation with its service delivery and funding partners.

Municipal Roles and Responsibilities

Municipalities choosing to participate in the provision of child care in their areas may operate programs directly or purchase services from private providers, and administer subsidized child care funding. They may also participate in local planning and priority-setting, as well as the monitoring of service quality.

Directly operated programs include municipal centres, private home child care and specialized services such as workplace care, resource centres and integrated care for developmentally handicapped children. Many innovative models of service delivery have been designed and pilot tested in municipally operated programs.

Purchase-of-service contracts may be arranged with private operators, both non-profit and commercial.

Currently, client eligibility for subsidized child care services is assessed through a provincially approved needs-test administered by participating municipalities. Needs-testing requires the client to disclose income, assets and expenses. Municipalities may exercise broad discretion in administering certain items on the needs-test; for example, the exemption allowed on an applicant's earnings may range from 0% to 25%. In "New Directions", the Ministry stated its intention to move to income-testing for subsidy, which will require only disclosure of income by clients. In addition to making the qualifying process less intrusive for clients, income-testing could result in standardization of eligibility criteria across the province. It also could increase the number of families eligible for subsidy.

Municipalities have discretion as to which clients should have priority in receiving services. For example, some municipalities give high priority to single parents, some give low priority to students.

Municipalities also have discretion regarding the range of services that they will make available in the community. Some municipalities identify local needs and assess service capacity though their Social Service Departments; there is considerable variation in and expertise applied to this function. Many initiate and contribute to community development activities. Some local planning departments influence service planning and development through the Official Plan process, zoning, and incentives to developers. Ultimately, service priorities are established by Municipal Council.

Municipal purchase-of-service agreements contain terms and conditions for the provision of subsidized services. Some municipalities have specific criteria that operators must meet in order to qualify for subsidy contracts; others set more general requirements. Some municipalities share the monitoring role with the Ministry Area Office; others use self-review or peer reviews to help ensure quality. As parents are becoming better informed consumers, they too are performing a quality control function.

Approved Corporations

Where only limited services are available, or where municipalities are unable or unwilling to contribute to the cost of service delivery, the Ministry often approves non-profit corporations to receive funds directly for capital and operating expenditures, under an 80:20 cost-sharing formula. In these circumstances, the Ministry Area Office generally administers the subsidy needs-test to clients.

Linkages

Interrelationships exist between child care services and other programs provided by the Ministry of Community and Social Services and other Ministries. For example:

- Child care is a valuable service to low income families and those receiving some form of social assistance. It can relieve parents of the necessity to remain at home, so that they can seek employment or acquire skills for employment.
- Many families receiving child welfare services utilize the child care system, often subsidized, for child abuse prevention purposes as well as employment support. Local Children's Aid Society and child treatment staff provide advice and support to child care staff.
- The development of before- and after-school care in local neighbourhoods and schools is a new government priority aimed at addressing the "latch key" child phenomenon. Some secondary schools are offering child care services for students with children.
- There is increasing integration of developmentally and

physically handicapped children into regular child care programs.

- There is a growing need to ensure that child care services reflect the multicultural nature of local communities. New immigrants often require subsidized care for their children, so that they themselves can work, take English classes, or pursue job-training opportunities.

KEY ISSUES

Recent Provincial and Federal Initiatives

- As noted previously, in June 1987 the Ministry released a policy paper entitled "New Directions for Child Care". In December 1987 the federal government also announced a "National Strategy on Child Care". Both levels of government used a policy framework that addresses three key issues for child care: accessibility, affordability and quality.
- The federal government has described child care as "an essential service... an economic and social priority for Canadians". It has committed $5.4 billion over the next seven years to the development of child care in Canada. Initiatives include:
    - $2.3 billion in tax assistance through increases in the child care expense deduction and the child tax credit.
    - $3 billion transferred to the provinces under a new Canada Child Care Act (to be drafted). Federal cost-sharing will be available on a broader range of provincial expenditures; however, there will be a ceiling on federal expenditures which did not exist under the Canada Assistance Plan.
    - A $100 million fund for special initiatives.
- Underlying the new provincial directions is the recognition of child care as a public service rather than a welfare service. By 1990, the provincial government will be committing $325 million of its annual budget for child care. Highlights of the provincial initiatives include:
    - The introduction of direct operating grants to service providers to improve quality and to help make services affordable to families. Grants are funded 100% by the Ministry and targeted initially at increasing staff salaries and benefits, and payments to service providers.
    - Increased funding for child care subsidies.
    - The introduction of income-testing for subsidy and elimination of the current needs-test.
    - Funding to strengthen community development and promote new, flexible models of care (e.g., shift work and emergency care, integration of children with special needs, school-aged care, care in rural and isolated

communities, child care resource centres, home-based care).
- Expanded capital funding for new construction, renovations and improvements to facilities.
- Encouragement of employment-related services and benefits in the corporate sector which expand options available to working parents.
- Development of a new provincial Child Care Act.
- Strengthened partnerships with all levels of government, consumers, representatives of the child care community, school boards and employers.

o Given the current cost-sharing requirements, the increase in federal-provincial spending for child care is expected to have a significant impact on participating municipalities.

o In view of the new, major federal and provincial directions in child care, it is critical that the future municipal role in development, administration, delivery and funding of child care be decided.

Weaknesses in the current provincial-municipal arrangements for child care and the expected impact of the initiatives on these arrangements are discussed in the remainder of this section.

Accessibility

o Under the existing arrangements, province-wide accessibility to formal child care services does not exist. As previously noted, municipalities have discretion regarding participation in subsidized services, administration of subsidies, interpretation of the needs-test and priority-setting with respect to the clients to be served. The discretionary nature of service delivery is seen as a major factor restricting the availability of subsidized services for parents. Municipalities may also choose whether or not to deliver services directly and whether to participate in local planning and development.

o The decision to participate is based primarily on current cost-sharing arrangements, local community resources and local priorities. Municipalities have varying degrees of resources, interest in and capability for planning, administering or delivering child care. In some areas, there may be no formal services available, or services may be so limited in relation to demand that parents must put their names on long waiting lists and hope that a place will fall vacant. Parents needing subsidized care may not have access to it in their community. Full-fee paying parents may find the costs of formal licensed care unmanageable and turn to the unlicensed, informal system of neighbours and relatives as their only alternative. While precise figures are not available, it is recognized that there are more children in unlicensed, informal care than in licensed care in the province. While it remains a preferred and viable choice for some parents, informal care should be only one of a range of options open to parents.

- Inequities also exist in the range of services available in various municipalities. Some have developed a wide range of models to meet parents' needs; others have few or none. Currently, services are particularly lacking for emergency care, irregular work hours, rural and isolated areas, and infant and school-aged child care.

- Municipalities are concerned that government directions towards encouraging child care by non-profit service providers will severely impede their ability to find and purchase sufficient child care services to meet demands. Currently, they purchase a fair proportion of their spaces from commercial operators.

- Overall, government directions towards increased parental choice and the availability of flexible, affordable services to meet demands require a more comprehensive, planned approach to child care. It is necessary to decide what role municipalities will play in an improved delivery system.

Affordability

- Affordability refers to the ability of the province, municipalities and communities to offer high-quality child care that is affordable to families.

- In the area of subsidy administration, the introduction of actual-cost per diems in municipally operated centres has impeded the ability of many municipalities to directly deliver affordable child care to full-fee paying parents. To ease the impact on parents and centres of actual-cost per diems, the Ministry introduced transitional grants. While these grants have provided relief, municipalities have expressed concern about inconsistencies in the calculation of grants by Ministry Area Offices, as well as the schedule for their phase-out when direct grants are introduced. There is also a concern that municipalities use different criteria in calculating their actual cost per diems. A joint OMSSA/Ministry working group is addressing this inconsistency and developing province-wide guidelines.

- Implementation of direct grants by the Ministry is now under way. Initially they are targeted at increasing staff salaries and benefits in municipal and other non-profit centres. Commercial operations licensed before December 1987 will also receive direct grants, provided that the federal government agrees to cost-share this portion. Federal-provincial discussions are continuing on this matter.

- The 20% municipal cost-sharing requirement for regular operating costs prevents some municipalities from participating in child care at all. The ability of the property tax base to support 20% of child care services has been an unresolved issue for some time. It is critical to address this issue in the light of plans for further service development.

- Many approved corporations also have difficulty meeting the 20% cost-sharing requirement despite various fund-raising activities.

- Municipalities have criticized the requirement that they cover 50% of capital costs while approved corporations must pay only 20%. It is viewed by municipalities as an impediment to the necessary expansion of services. The Ministry's "New Directions" paper makes a commitment to cost-share capital programs with greater flexibility, but has not proposed changing the 50:50 arrangement for municipalities. The federal child care announcement includes a commitment to enriched capital cost-sharing to the provinces.

- Provincial pay equity legislation was passed in 1987 and is being implemented in phases. It will affect operating costs and fees in municipal child care programs, where workers are primarily low-paid and female. The question of how these costs can be covered by service providers while maintaining programs that are affordable to clients is of concern to both municipalities and the Ministry. The introduction of direct grants by the Ministry, however, will provide some measure of assistance in this regard.

Quality

- The Ministry ensures that basic standards are met through the inspection-licensing process under the existing Day Nurseries Act. Some municipalities also carry out monitoring activities for directly operated and purchased services.

- The current supply of Early Childhood Education workers and trained child care managers and administrators is insufficient to meet even today's demands. The Ministries of Community and Social Services and Colleges and Universities have initiated a joint review in this regard, in collaboration with community colleges, universities and professional associations.

OPTIONS

- In considering options for future provincial-municipal responsibilities in child care, there are several key variables:

  Service delivery:
  - degree of municipal involvement;
  - mandatory or discretionary participation;
  - components included:
    - direct operations,
    - administering subsidy,
    - purchase-of-service agreements,
    - planning and development,
    - licensing and monitoring.

  Funding:
  - degree of municipal cost-sharing for operating and capital costs.

Table V-2 illustrates the range of options created by assuming three levels of municipal involvement (from none to mandatory) and three degrees of provincial contribution (from current level to 100% provincial funding for operating and 80% for capital costs).

Four options are examined here, and the implications of each are noted for discussion purposes. A number of variations are possible within each option depending on the service delivery and funding components selected.

TABLE V-2

RANGE OF OPTIONS FOR CHILD CARE

PROVINCIAL CONTRIBUTION	**DEGREE OF MUNICIPAL INVOLVEMENT**		
	None	**Discretionary**	**Mandatory**
80% Operating 50% Capital		OPTION 1	
80% Operating Enriched Capital			OPTION 3
Enriched Operating and Capital		OPTION 2	
100% Operating 80% Capital	OPTION 4		

OPTION 1: DISCRETIONARY MUNICIPAL PARTICIPATION, PROVINCIAL-MUNICIPAL COST-SHARING (STATUS QUO): 80:20 FOR OPERATING COSTS, 50:50 FOR CAPITAL COSTS

This option is the current provincial-municipal arrangement for child care.

Implications

- preserves the tradition of municipal discretion;
- cost-sharing allows municipal influence and local leadership in child care;
- requires participating municipalities to find more dollars to cost-share in a dramatically growing service sector; does not address municipal concerns regarding cost-sharing requirements;
- does not address the issue of uneven access to child care subsidies and services across the province;
- requires the province to continue to fill the leadership and local priority-setting roles where municipalities do not participate;
- requires increased use of approved corporations to meet community demands in areas where municipalities are unable or unwilling to participate.

OPTION 2: DISCRETIONARY MUNICIPAL PARTICIPATION: ENRICHED PROVINCIAL/REDUCED MUNICIPAL COST-SHARING FOR OPERATING AND CAPITAL COSTS

This option assumes that the current cost-sharing formula needs provincial enrichment in order to encourage growth in services. Cost-sharing could be based on municipalities' ability to pay.

Implications:

- increases provincial expenditures;
- attempts to address municipal concerns by reducing cost-sharing requirements for operating and capital expenditures (relieves pressure on the property tax base to encourage participation and growth in services);
- cost-sharing allows municipal influence and leadership in child care;
- preserves the tradition of municipal discretion;
- does not address the issue of uneven access to child care subsidies and services across the province;
- requires increased use of approved corporations for most aspects of delivery in areas where municipalities are unable or unwilling to participate.

OPTION 3: MANDATORY MUNICIPAL PARTICIPATION: ENRICHED PROVINCIAL/REDUCED MUNICIPAL COST-SHARING FOR CAPITAL COSTS; 80:20 COST-SHARING FOR OPERATING COSTS

This option addresses the accessibility of services issue and reduces the municipal share for capital costs only. "Core" services, such as subsidy administration, planning, direct delivery and/or purchase-of-service arrangements, would be mandatory for all municipalities.

Implications

- increases provincial expenditures for capital costs;
- eases the burden of capital costs for municipalities currently participating;
- imposes mandatory contributions on municipalities currently not participating, creating an additional pressure on property tax revenues;
- does not address municipal concerns regarding cost-sharing of operating costs;
- improves access to child care subsidies and services across the province;
- gives municipalities a voice in service planning, priority-setting, service delivery and quality assurance;
- enables the province to demonstrate equitable access for clients to the federal government for cost-sharing purposes under the proposed Canada Child Care Act.

OPTION 4: NO MUNICIPAL INVOLVEMENT: 100% PROVINCIAL FUNDING FOR OPERATING COSTS, 80:20 COST-SHARING FOR CAPITAL COSTS

In this option, the province would work with the private non-profit and existing commercial sectors to develop an affordable and accessible child care network across the province. Municipalities could choose to operate services directly, and this would be their only involvement. The province would assume full responsibility for service delivery components except direct delivery.

Implications

- reduces the strong leadership role assumed by some municipalities;
- addresses municipal cost-sharing concerns;
- eliminates most municipal influence and involvement in an increasingly essential community service;
- addresses concerns of approved corporations regarding cost-sharing of operating costs;

- may not adequately reflect local preferences/priorities because of the lack of municipal involvement in planning;
- increases provincial expenditures enormously;
- gives the province control in providing a range of services, accessible across the province, consistent with new provincial and federal initiatives in child care.

SECTION C: CHILDREN'S SERVICES

The Child and Family Services Act, 1984 sets out six categories of service for children in Ontario: child welfare, child and family intervention, child treatment, child development, services for young offenders and community support. Because this Act and its principles provide the foundation for children's services, the same framework is used in the discussion that follows.

CURRENT SITUATION

Ontario's Child and Family Services Act was enacted with a view to achieving a more effective, efficient and consolidated children's services system. Both this Act and the federal Young Offenders Act (1984) were designed to reflect society's concern that the rights of children and their families should be respected and that there should be procedural fairness. To this end, the Child and Family Services Act incorporated the following principles:

- to promote the best interests, protection and well-being of children;
- to support and strengthen the family unit with the least amount of interference and wherever possible, to provide assistance to families in a context of mutual consent;
- to provide services to children which are tailored to their needs and which respect differences in culture, religion, background, and physical and mental development;
- to entitle Native people to provide, wherever possible, their own child and family services, and where other services are provided, to recognize Native culture, heritage, traditions and the concept of extended family;
- to provide services in French, where appropriate;
- to preserve, where appropriate, the right of children and families to participate in decisions affecting them, and in making such decisions, to apply clear, consistent criteria and procedural safeguards.

In developing policies and programs to implement these principles, the Ministry is guided by its stated commitment to community-based planning and service delivery, and to the provision of flexible, accessible and affordable services.

Of the six program categories under the Act, municipalities are involved primarily in the service delivery and funding of only one, child welfare. Their role in this area is mandatory. Some municipalities, however, have chosen to become involved in the planning, coordination and funding of other children's services as well - chiefly, the provision of child care (discussed in section B); community support programs such as prevention; and local diversion programs for young offenders or youth at risk of becoming offenders. Municipalities may also provide financial or in-kind support to local Children's Services Coordinating and Advisory Groups where they exist.

The Ministry is generally responsible for the planning, funding and delivery of services under the other five categories either through transfer payment agencies or through directly operated programs.

Child Welfare

Child welfare services are provided by Children's Aid Societies and their mandate includes:

- investigation of a child's need for protection;
- protection of a child under age 16;
- provision of guidance, counselling and other services to families to protect children or prevent circumstances where protection may be required;
- provision of care for a child committed to Society care;
- supervision of children assigned to a Society; and
- placement of children for adoption.

Currently, there are 54 Children's Aid Societies in Ontario, generally one per region or county, with seven specifically for Catholic, Jewish and Native families and their children.

The range of services available through a Society varies widely. All provide the mandatory services noted above. In addition, they all provide foster care, and many have developed their own receiving homes and group homes. Many Societies also offer services such as Parent Education classes, therapy for specific groups such as victims of abuse, and counselling for teen mothers, among others. The services offered are determined by the needs of a particular community and the financial and staff resources available.

Societies range in size from under 20 staff to over 500. They are governed by a Board of Directors consisting of individuals elected from and by the membership of each Society and including at least four representatives appointed by the local municipality. For most Societies, membership is available to the public for a nominal fee.

Societies are monitored closely by Ministry Program Supervisors. The monitoring process involves the review of agency reports, Crown ward reviews, case file reviews, operational reviews, Exceptional Circumstance Reviews; and the investigation of complaints regarding service. Residential programs are also subject to licensing inspections by the Ministry.

Children's Aid Societies are funded 80% by the province and 20% by the municipality. Provincial costs are shared with the federal government through the Canada Assistance Plan. Child welfare services to Native children are not cost-shared by the municipality.

Societies prepare their annual budget using the provincial service plan process, submit it to municipal council for approval, then submit it to the Ministry Area Office, where negotiations and final approval occur. If the municipality or the Society does not agree to the budget proposed there is legal provision for appeal to the Minister of Community and Social Services for a Child Welfare Review.

If a Society has extraordinary expenditures during the year and requires funds beyond its approved annual budget, it may apply to the Ministry for an Exceptional Circumstance Review. The Ministry then examines those expenditures and may approve all or part of them either as single-occurrence costs or as an addition to the Society's base budget. These additional costs also are cost-shared on an 80:20 basis with the municipality.

Other Service Categories

Under the flexible provisions of the Child and Family Services Act, a wide variety of provincially approved agencies may provide one or more of the following services:

- Child and family intervention are services for a child with a social, emotional or behavioural problem, or for the child and family. They are provided by former Children's and Youth Institutions and former Children's Mental Health Centres.

- Child treatment services apply to a child with a mental or psychiatric disorder and/or the family of such a child, and must be provided under the direction of a psychiatrist. All child treatment service providers are former Children's Mental Health Centres.

- Child development consists of services for developmentally handicapped children, including institutional care, residential care, and family support programs for children over age 2 and school-aged children. There is a mix of service providers: the Ministry, community boards and agencies, parents and local boards of education. Municipalities participating in child care services may offer "special needs" programs and integrated child care for developmentally handicapped children, contributing 13% of the costs. Some municipalities also provide grants to community residences.

- Young offenders programs consist of a range of secure and open detention and custody services for 12 - 15 year-olds charged with offences. The Ministry is responsible for directly operating programs and purchasing services for young offenders. Some municipalities may incur costs for transportation and the provision of security for young offenders. The Ministry of Correctional Services has responsibility for services to young offenders aged 16-17.

- Community support consists of a wide range of prevention, research and development, planning and general support services to children and families across Ontario. Providers include universities, non-profit community organizations and the Ministry. Municipalities sometimes contribute funding to prevention programs, planning groups, community development programs and public education, among other activities.

In general, these programs have been 100% financed through provincial or federal-provincial funding, with the exception of Children's and Youth Institutions. The latter operated on a funding formula that required them to raise charitable revenues (which sometimes included municipal grants) and to collect per diem fees from placement agencies, such as Children's Aid Societies and probation services. During the 1986-87 fiscal year, the Ministry began directly funding the portion of the Children's and Youth Institutions budgets previously covered through per diem payments. In some cases, Society budgets were reduced by the amount they had previously paid to Children's and Youth institutions for beds; in others, the savings were redirected to other uses within the agency. The Ministry also is committed to 100% funding of the charitable portion of the budgets over the next two to three years; that is, these services will ultimately be 100% Ministry funded.

Child treatment is the only children's service category that is not federally cost-shared with the province. A number of programs very similar to child treatment services continue to be operated and funded through the Ministry of Health and are exempted from most or all of the provisions of the Child and Family Services Act. These include child and family clinics in general hospitals and adolescent units in provincially operated psychiatric hospitals.

Planning

There are currently 14 Children's Services Coordinating and Advisory Groups serving about one-third of Ontario's population. They operate under general Ministry guidelines to advise local municipalities, the province and local agencies on children's needs and to assist in the planning and coordination of local services. Membership usually consists of service providers, clients and other interested citizens; in some cases, there is municipal representation. The Ministry generally provides 100% of the funding, although some municipalities do contribute funds or other support such as space and equipment.

Aside from the participation by some municipalities in Children's Services Coordinating and Advisory Groups, local governments have tended not to be involved in planning for children's services falling under the Child and Family Services Act, other than child welfare. There are several reasons: direct municipal funding has not been required; catchment areas often cross municipal boundaries; many agencies predate the current municipal organization; some services (e.g., those for young offenders) have been considered to be strictly a provincial responsibility. Ministry Area Offices generally carry out planning activities, often with the various service providers and their provincial organizations.

KEY ISSUES

Child Welfare Services

o For some time, many municipalities have been concerned about the requirement for mandatory municipal involvement in Children's Aid Societies. Their concerns centre on two fundamental and related issues: the lack of municipal influence over agency expenditures and operations; and the 20% municipal cost-sharing requirement.

o Of paramount concern is the extent of the mandatory cost-sharing by municipalities. It is the position of a number of municipalities that the municipal property tax base does not have the revenue-yielding capacity to pay for 20% of social service costs, including child welfare services. Other municipalities, however, believe that children's services should reflect the needs and priorities of municipalities and, in order for that influence to occur, they must accept responsibility to share the costs.

o Many municipalities believe that the mandatory municipal (four-member) representation on the Society Board of Directors does not provide for sufficient municipal influence over agency planning, delivery of services or expenditures in proportion to the 20% cost-sharing contribution. Some perceive a lack of Society accountability to the municipal level for these activities.

o The timing of budget approvals by the Ministry is usually mid-way through a calendar year. This means that

Societies and municipalities are mid-way through their fiscal year before they have confirmation of the budget allocation. The discrepancy creates planning and financial difficulties for both the municipality and the Society.

- The Child Welfare Review process is not seen as a viable appeal mechanism by the municipalities. It is their general opinion that the budget the Ministry has approved will, in fact, be the final budget regardless of their concerns.
- Another municipal concern is that Societies are permitted to retain budget surpluses. While municipalities must assist in paying deficits, they receive no benefit if Societies are under budget at the end of the fiscal year.
- In some cases, concerns have been expressed by various sectors that Society board members lack sufficient influence in the directions taken by the agency. Inadequate training of board members in their roles and responsibilities is one of the reasons cited for their lack of participation.
- There is also some concern that the composition of some boards does not sufficiently reflect the nature and attitudes of the community. Questions have been raised as to whether specific, province-wide criteria for the composition of Society boards should be developed by the Ministry.

Accessibility

- There are a number of gaps and inconsistencies in the types and levels of service available across the province:
    - Child and family intervention and child treatment services: in some areas, children and/or their families must either wait for long periods or travel outside their community to be served.
    - Appropriate services for young offenders under age 12: some local police forces have highlighted the lack of appropriate services for children who commit offences but by law cannot be charged.
    - Residential and individualized home support services for developmentally and physically disabled, including brain-injured children: provincial government policy of moving developmentally handicapped children from institutional settings to their community to live puts pressure on local service capabilities for providing individualized, home-based services. In many communities, service providers are not yet able to meet the needs of disabled children (and the families of these

children) who have never been placed in institutional care. These needs extend to children with all types of disabilities and their families.

- Primary prevention and other community support programs: some services help to prevent disabilities and social/emotional problems in children. Others provide supports to families caring for developmentally or physically disabled children in their homes, often under very difficult conditions.

- Foster care: Children's Aid Societies are experiencing increasing difficulty in finding sufficient foster families to meet demand.

- Group homes for youth: in some areas, municipal by-laws restrict or prevent establishment of these services.

- There is a need to address inconsistencies and jurisdictional overlaps in the structure of the system for providing children's services. For example, a single provider of court-related clinical assessments may be funded by several Ministries under different pieces of legislation. This can result in confusion for service providers and unequal access for clients.

- There are inconsistencies in provincial legislation regarding services provided to children under 16, children under 18, and those turning 18 years of age who require continuation of services but fall under the adult program stream where services may not be appropriate or even available. Gaps in service and ineligibility for service often result.

- Implementation of the principles of the Child and Family Services Act and the Ministry's goal of making flexible, accessible and affordable services available across the province require a comprehensive and planned network. This does not currently exist. The extent to which municipalities should have or wish to have a role in this network is an important question to be considered.

Planning and Coordination

- In children's services programs, as in most of the other social services, there is a lack of province-wide local planning and coordination. While some municipalities do carry on planning activities, primarily related to the provision of child care, it is not a formally mandated function for which they receive funding.

- Approximately one-third of the provincial population is served by 14 Children's Services Coordinating and Advisory Groups. These groups vary in their activities and their effectiveness. They operate under minimal guidelines from the Ministry and lack a clear mandate. Generally, it is the Ministry, in consultation with service providers and provincial organizations, which determines local priorities and negotiates service agreements with various providers on an individual basis.

- In order to develop a comprehensive network of services for children and families, a significant degree of planning and coordination is required among all participants: all levels of government, service providers, voluntary groups, consumers, advocacy groups, interested citizens. This need is not exclusive to children's services, nor should services to children be considered separately from other services such as income maintenance, community support, child care, programs for disabled persons, education, health, among others.
- Planning activities increasingly must recognize the special needs of individuals as well as groups. They must allow for continuity of service as children become part of the adult service stream, and the integration of children with special needs into the mainstream of society. Planning activities will have to take an increasingly holistic approach to meeting the needs of children and their families. The appropriate role of municipalities in the planning and coordination of a network of community services, including children's services, must be resolved.

OPTIONS

In considering possible options for future provincial-municipal responsibilities in children's services, there are two key variables: the degree of municipal involvement and the degree of provincial funding. Table V-3 illustrates the options created by assuming three levels of municipal involvement (current, increased and decreased), and three degrees of provincial funding (current, enriched and 100% for child welfare). A number of variations within each option are possible depending on the activities/programs and degree of funding selected.

TABLE V-3

RANGE OF OPTIONS FOR CHILDREN'S SERVICES

PROVINCIAL CONTRIBUTION	DEGREE OF MUNICIPAL INVOLVEMENT		
	Current	Increased	Decreased
Current	OPTION 1		
Enriched		OPTION 3	
100% for core child welfare services	OPTION 2		OPTION 4

OPTION 1: **CURRENT MUNICIPAL INVOLVEMENT IN SERVICES; CURRENT PROVINCIAL-MUNICIPAL COST-SHARING (STATUS QUO)**

Municipalities would continue to have four-member representation on Children's Aid Society boards and cost-share with the province for child welfare services on an 80:20 basis. Municipalities would also maintain their current level of involvement in funding of community support programs to children. The Ministry would continue to fund the majority of agencies. Municipal involvement in local planning for children's services would continue to be discretionary and variable.

Implications

- does not address municipal concerns regarding 20% cost-sharing for Societies;
- does not address municipal concerns regarding the lack of Society accountability;
- requires continued direct negotiation by the Ministry with community agencies to provide services according to Ministry determined priorities;
- does not provide for province-wide local planning and coordination of children's services.

OPTION 2: CURRENT DEGREE OF MUNICIPAL INVOLVEMENT IN SERVICES; CURRENT PROVINCIAL-MUNICIPAL COST-SHARING BUT WITH CHANGED FOCUS

Municipal representation on Children's Aid Society boards and all cost-sharing requirements would be eliminated. The Ministry would provide 100% funding and supervise board operated agencies. The municipal share of service costs, formerly directed to Societies, would be redirected to other children's services or to broader social service programs, such as community support, planning, etc. All municipalities would be required to establish local planning bodies for children's services, either accountable to the upper tier council or as independent special-purpose bodies.

Implications

- redirects municipal funds to other local social service priorities;
- increases provincial costs for child welfare, expanded community support programs and planning bodies;
- resolves municipal concerns regarding cost-sharing for Societies;
- resolves municipal concerns regarding Society accountability;
- provides for mandatory local planning and coordination bodies across the province;
- involves municipalities in the development of a children's services network.

OPTION 3: INCREASED MUNICIPAL INVOLVEMENT; ENRICHED PROVINCIAL/REDUCED MUNICIPAL COST-SHARING FOR CHILD WELFARE

Municipal delivery of child welfare services would be optional; however, municipalities would be accountable to an upper-tier municipal council for their involvement in service delivery. Municipalities would be required to meet Ministry criteria for ability to deliver. Municipalities choosing not to participate or unable to meet Ministry criteria would continue under the current child welfare arrangements with municipal representation on Society boards. The proposed cost-sharing arrangement (enriched provincial/reduced municipal) would apply to all municipalities regardless of the method of service delivery for child welfare.

All municipalities would establish and share the costs of local planning bodies for children's services. These planning bodies would be either accountable to the upper-tier council or act as independent special-purpose bodies.

All municipalities would administer and cost-share agreed upon community support programs for children, adults and families to ensure that a range of such services is available in every community across the province.

The cost-sharing formula could take into account municipalities' ability to pay.

Implications

- increases provincial expenditures;
- partially addresses municipal cost-sharing concerns by taking into account ability to pay;
- may result in variable child welfare delivery mechanisms across the province;
- may generate municipal resistance to mandatory participation in planning and community support programs;
- increases coordination of services through local planning bodies and contributes to the development of a network of children's services across the province;
- increases the availability of community support programs and allows such programs to reflect municipal priorities;
- does not address concerns regarding the effectiveness of some Society boards.

OPTION 4: LESS MUNICIPAL INVOLVEMENT; 100% PROVINCIAL COST-SHARING FOR CHILD WELFARE

Child welfare agencies would be supervised by the Ministry and operated by their own boards. (In effect, this is the current situation, but without municipal representation on Society boards). The Ministry would provide 100% funding for core child welfare expenditures. Municipalities would, at their discretion, fund and/or participate in local planning and coordinating bodies for children's services. These bodies would either report to the upper-tier council or act as independent special-purpose bodies. Municipalities would also, at their discretion, fund, deliver, and/or administer community support programs.

Implications

- increases provincial costs significantly for child welfare, local planning mechanisms, community support;
- eliminates municipal concerns regarding Society funding; enables redirection of funds to other social services areas;
- permits municipal involvement in children's services through representation in and funding of the local planning body;
- increases provincial responsibility for province-wide planning bodies, and ensures that an appropriate level of community support services is available province-wide where municipalities do not participate.

SECTION D: SERVICES FOR ELDERLY PERSONS

In Ontario, there is a wide variety of institutional care and community-based services for seniors. Two provincial Ministries, municipal governments, as well as many charitable and voluntary organizations, are involved in planning and delivery of both types of services.

In "A New Agenda: Health and Social Service Strategies for Ontario's Seniors" (1986), the Ontario government called for comprehensive planning and management of services for the elderly at both the provincial and local levels and, as a first step, to initially accomplish this for community-based services. "One-Stop Access" pilot projects for community health and social services have been announced for five areas in the province. This new approach will improve accessibility and delivery of all services for the elderly and physically disabled adults. The integrated approach to services will coordinate access for community-based services, provide comprehensive functional assessments, provide or arrange necessary services and monitor and adjust services as needs change. The planning, development and administration of this program will be assigned to an appropriate local authority.

As well, the Ministry of Community and Social Services, in its Corporate and Strategic Plans, has announced that it will develop a new Community Services Act. This new legislation will provide a single legislative base for a variety of community programs, such as Home Support services for elderly and physically disabled adults.

The government, in "A New Agenda", has also announced its plans to develop a single comprehensive Extended Care Act, which will apply to municipal and charitable Homes for the Aged and Nursing Homes. The act will establish uniform criteria in such areas as inspection services, programming, staffing, quality of care and building standards.

Municipalities have a long-standing tradition of providing institutional care and a variety of community-based services for their elderly residents. The present review of social services provides an opportunity to examine current and future roles in the delivery of services for the elderly by the province and local government.

CURRENT SITUATION

Institutional Care

Municipal Homes for the Aged

Municipal Homes for the Aged are managed by regional governments, counties, cities or district boards in the north and they operate under legislative authority of the Ministry of Community and Social Services. The homes provide two types of care: residential, which is up to 1.5 hours of personal and nursing care per day; and extended care, which provides 1.5 hours or more.

Seniors in residential care pay for the actual cost of their care, which may range from $20.00 to $60.00 per day. If they are unable to afford the full cost, the Ministry will provide 70% and the municipality 30% of the residential care deficit. The extended care per diem rate is currently $49.43. Residents contribute a co-payment for their room and board of $21.34 per day. The Ministry provides the balance of the costs up to the approved extended care ceiling; and it covers 70% of any costs above the ceiling, with the municipality contributing the remaining 30%.

In addition to financing operating costs, the Ministry provides capital funding, when available, for approved projects, contributing up to 50% of new construction or renovation costs.

Some municipal Homes for the Aged have special care units, which provided specialized services for mentally impaired or disoriented residents. The homes also provide day programs for seniors as well as outreach programs (described under "Community-Based Services").

Satellite homes are operated under the auspices of municipal homes. They provide residential care either in a small group home-like setting or on a contractual arrangement with a private rest home owner.

Charitable Homes for the Aged

Charitable Homes for the Aged are managed and operated by religious or charitable non-profit corporations. Like municipal Homes for the Aged, they provide residential and extended care services. Seniors in residential care pay for the actual cost of their care. If they are unable to afford the full cost, the Ministry pays the difference between the resident's contribution and a prescribed residential care ceiling, which is currently $35.34 per day. The extended care per diem rate is currently $56.50, with residents contributing a co-payment of $21.34 per day. The Ministry provides the balance of the costs up to the approved extended care ceiling. Operating deficits above the approved per diems may be funded at 50% upon request, and limited capital funding is provided by the Ministry (50% of approved capital costs up to a ceiling of $5,000 per bed).

Nursing Homes

Nursing Homes in Ontario provide extended care services. The majority of the homes are operated by commercial owners, while some 10% are owned and managed by non-profit organizations. The extended care per diem rate currently is $58.53, with residents contributing a co-payment of $21.34 per day. The Ministry of Health provides the balance of the costs up to the approved extended care ceiling. No funding for capital is available from the province for construction or renovation costs.

Chronic Care Units/Hospitals

This level of care is generally defined by the Ministry of Health as being in excess of 3.0 hours of personal, nursing and medical care per day. Such care is provided by chronic hospitals and chronic care units in acute care hospital settings. Chronic care is funded by the Ministry of Health and residents contribute a co-payment as in extended care settings.

Rest Homes

The term "Rest/Retirement Home" refers to a wide variety of settings, operated primarily by the private sector, ranging from facilities offering residential care with minimal supervision to luxury retirement complexes offering extensive personal care and recreational activities.

It is estimated that some 30,000 to 40,000 persons reside in these homes. Residents may be frail elderly persons, or persons with physical, psychiatric or developmental disabilities.

Currently, there are no provincial guidelines or regulations establishing the standards of care in Rest/Retirement Homes, although they are subject to public health standards and fire and building regulations. The Ontario government, in "A New Agenda", has announced that it will take the necessary steps to ensure that rest homes are subject to appropriate regulation.

Some municipalities have enacted by-laws under the Municipal Act that govern health and safety standards, while other municipalities are planning to enact comprehensive by-laws that would govern care standards. A number of municipalities utilize Rest/Retirement Homes on a contractual basis as hostels under the General Welfare Assistance Act; and a few municipalities have a contractual arrangement with owners to provide satellite residential care as provided for in the Homes for the Aged and Rest Homes Act.

Placement Coordination Services

Placement Coordination Services are available in 18 areas of the province. The service is totally funded by the Ministry of Health. Its primary objective is to provide a single point of access to help people who require placement in long-term care facilities to obtain suitable accommodation or the most appropriate services. Applications for accommodation in

Nursing Homes and municipal and charitable Homes for the Aged in areas serviced by Placement Coordination Services are channelled through this agency.

Community-Based Services

Homemakers and Nurses Services Program

This program is administered directly by municipalities, or through contracts with agencies, on a discretionary basis. It serves both elderly and physically disabled adults, and clients pay according to their ability. The remainder of the program expenditures are cost-shared between the Ministry and the municipalities on an 80:20 basis.

Elderly Persons' Centres

Of the 173 centres in Ontario, 71 are operated by municipalities and the remainder by non-profit organizations. They offer varied programs including social, recreational and cultural activities. The Ministry provides 50% of the operating costs up to a maximum of $30,000 per year based on actual expenditures, and 30% of capital costs. The Centres are responsible for the remainder of the operating costs with municipalities contributing 20% of the costs of centres operated by charitable corporations. Many municipalities provide well in excess of 20% of operating costs for the centres operated by them.

Home Support Services

A wide variety of non-profit agencies and municipalities, through their Elderly Persons' Centres or Homes for the Aged, provide services under this program to help seniors remain in their own home. The services include such programs as meals-on-wheels, respite care, senior day program, home help, home maintenance, friendly visiting, security checks and volunteer transportation. As of January 1988, the Ministry has increased funding for this program to a flat 70% of approved total operating expenditures; the remaining 30% is to come from user fees, municipal contributions and/or voluntary fund-raising activities.

Home Care Program

This program is fully funded by the Ministry of Health and provided either directly through the local Public Health Unit, or by contractual arrangements with approved agencies, or through an independent incorporated organization. The program is now available province-wide and includes visiting nursing services, physiotherapy and occupational therapy, speech therapy, medical social work, nutrition counselling, portable meals and transportation. The program also provides homemaking services up to a maximum of 80 hours per client.

Integrated Homemaker Program

This new program is currently being implemented in some of the regional health units in the province or, as in Metro Toronto, through the incorporated Home Care Program. Fully funded by the Ministry of Community and Social Services and integrated with the Ministry of Health's Home Care Program, it is intended to fill a basic gap in homemaking programs.

Alzheimer Programs

These programs serve the special needs of individuals with Alzheimer's disease or related dementias. Specialized support programs such as day programs, respite care and counselling services are being developed across the province. Local Alzheimers' societies have received full funding from the Ministry of Community and Social Services for these programs.

Volunteer Services

Many seniors volunteer their time and talents to help either their peers or other family members in their communities. Municipalities provide funds to support volunteer efforts, usually by way of grants, and the Ministry encourages volunteer work through its Senior Volunteers in Service program. The Ministry reimburses the senior volunteer for out-of-pocket expenses to a maximum of $100.00 per month.

Linkages

The provision of institutional and community-based services often has both a direct and an indirect relationship to programs offered by other Ministries and local government, such as income, housing, transportation and health services.

For example:

- Adequate income, most of which is provided by the federal government through OAS/GIS, has a direct bearing on the independence of seniors. For those with low incomes, assistance is sometimes sought through the municipal General Welfare Assistance-Special Assistance Program for the purchase of needed assistive devices. Municipalities also assist the elderly by providing property tax credits under the Municipal Elderly Residents Assistance Act.

- Although the majority of seniors (67%) live in their own homes, others need assistance with rent-geared-to-income accommodation. This may be provided through municipal non-profit housing corporations, private non-profit groups or the Ontario Housing Corporation.

- With an increasing "older" senior population, more require assistance with transportation needs. Such assistance may be provided locally through partially funded voluntary transportation services or public parallel transit systems.

- A variety of locally based health care services assist seniors in maintaining their independence; examples are foot care services and services provided by public health nurses, health clinics and community health centres.

KEY ISSUES

Changing Service Demands

- There is a declining need for residential care in municipal Homes for the Aged but an increasing need for extended care. As well, the care requirements are very different from those that existed some years ago. Seniors are now well into their eighties before they seek admission, and they need more care beyond the minimum 1.5 hours.
- Residents of municipal Homes for the Aged are increasingly requiring transfer from residential to extended care as their nursing and personal needs intensify. The homes, however, have a set number of beds that are approved and funded at the extended care level. The Ministry has allowed the conversion of some residential care beds to extended care as funds have been approved.
- There is an increasing need to provide levels of care beyond the minimum extended care level, as well as the need to establish special care units for psycho-geriatric residents, but cost-sharing mechanisms do not necessarily reflect this reality.
- Municipal homes are required, by regulation, to admit residents only to residential care, whereas most seniors seek admission when they need extended care. Also, the homes are not allowed to provide institutional care for residents with special needs, such as an in-dwelling catheter.

Funding

- Seniors in residential care pay for the full cost of their care (ranging from $20.00 to $60.00 per day); those in extended care, who receive more services, pay only a portion of the cost ($21.34 per day as a co-payment), their nursing care being considered a health insured benefit. As a result, the care being provided to residents bears no relationship to the user fees charged or the actual cost of the services received. These variations in charging policies are seen as irrational and problematic.

- Cost-sharing arrangements and charge-back policies for institutional care by municipalities in northern Ontario through district boards are seen as inequitable. Residents of many municipalities do not really have access to the services of a municipal home, owing to distance.

- Provincial funding arrangements for residential and extended institutional care are complex and vary widely for each of the three main service providers, namely, municipal and charitable Homes for the Aged and Nursing Homes. The proposed new Extended Care Act, which will apply to these institutions, will resolve these issues. As noted earlier, the Act will establish uniform criteria in such areas as inspection services, programming, staffing, quality of care and building standards - all of which may affect provincial-municipal funding arrangements.

- There are many different funding mechanisms and cost-sharing arrangements for community-based services between the provincial and municipal governments, in addition to complementary sources of funding such as voluntary and charitable contributions and user fees for various programs. The proposed new Community Services Act will provide a legislative base for a variety of community-based services, such as Home Support services for the elderly, and this may have an impact on provincial-municipal funding arrangements.

Access to Services

- Access to institutional care is difficult for the individual owing to a lack of appropriate geriatric assessment. Some elderly persons may be accommodated in an institution that is not equipped or funded to provide the required level of service; some may become institutionalized when community support services would be better.

- Coordination between community services and institutional care, from a continuum of care perspective to serve individual needs, is currently lacking.

- Access to a range of community-based services for the elderly is difficult because there is overlap and duplication in the services and because services are not equitably distributed across the province. As well, services are inadequately coordinated, since service providers operate relatively independently.

- Pilot projects for a "One-Stop Access" approach to planning, managing and delivering of community health and social services are to be assigned to a local authority. While these pilot projects have yet to be tested and evaluated, it is expected that the new approach could change the current role of municipalities in the delivery of community-based services.

Planning

- Currently, institutional care and community-based services for the elderly are the responsibility of two provincial Ministries and, at the local level, municipalities are involved as well as many organizations and voluntary agencies. The result has been an ad hoc approach to the planning and provision of programs, and services that do not fully respond to the needs of the elderly.
- "A New Agenda" has called for comprehensive planning and management of elderly services at both the provincial and local levels and, as a first step, to initially accomplish this for community-based services.

OPTIONS

TABLE V-4
RANGE OF OPTIONS FOR SERVICES FOR ELDERLY PERSONS

LEVEL OF PROVINCIAL INVOLVEMENT	DEGREE OF MUNICIPAL INVOLVEMENT		
	Current	Current level of funding with changed program focus	Mandatory Increase
Current	OPTION 1		
Increase		OPTION 2	OPTION 3

OPTION 1: CURRENT MANDATORY MUNICIPAL INVOLVEMENT IN INSTITUTIONAL CARE; CURRENT DISCRETIONARY MUNICIPAL INVOLVEMENT IN COMMUNITY-BASED SERVICES; CURRENT PROVINCIAL-MUNICIPAL COST-SHARING SERVICES; (STATUS QUO)

Under this option, municipalities would continue to cost-share, manage and operate municipal Homes for the Aged and would continue their current discretionary involvement in community-based services such as the Homemakers and Nurses Services Program and Home Support.

Implications

- does not resolve municipal funding concerns;

- municipalities have a limited role in ensuring access to a range of services in local communities;
- does not create a joint provincial-municipal planning mechanism to ensure that an appropriate balance exists between institutional care and community-based services.

OPTION 2: PROVINCIAL RESPONSIBILITY AND 100% FUNDING FOR THE PROVISION OF SERVICES NOW PROVIDED BY MUNICIPAL HOMES FOR THE AGED; MANDATORY MUNICIPAL INVOLVEMENT IN PLANNING, ADMINISTRATION AND COST-SHARING OF A DEFINED RANGE OF COMMUNITY-BASED SERVICES

Municipalities would have the option to continue to operate municipal Homes for the Aged through a municipal non-profit corporation; alternatively, the Ministry would assign this role to a community board or non-profit organization. Municipalities would no longer be required to share the operating costs of Homes for the Aged but would dedicate their current level of cost-sharing for institutional care to a range of community-based services.

Provincial-municipal cost-sharing for future expansion of community-based services would be arranged on a variable basis according to services needed by the community and the municipality's ability to pay.

A mandatory service planning approach would be established for priority-setting and resource allocation for community-based services.

Implications:

- relieves municipalities of their financial and direct administrative responsibilities for providing institutional care;
- requires definition of the range of community-based services;
- addresses municipal concerns about ability to pay;
- allows for more coordinated planning and management of a wide spectrum of community services at the local level;
- creates a joint provincial-municipal mechanism for planning, priority-setting and resource allocation for community-based services; this process includes institutional care where municipalities are directly involved;
- increases provincial costs for institutional care;
- changes provincial involvement in institutional care where newly established boards or non-profit corporations replace former municipal responsibility.

OPTION 3: MANDATORY MUNICIPAL RESPONSIBILITY FOR PLANNING AND MANAGEMENT OF ALL RESIDENTIAL AND EXTENDED CARE (MUNICIPAL, CHARITABLE AND NURSING HOMES) AND A RANGE OF DEFINED COMMUNITY-BASED SERVICES; RATIONALIZED PROVINCIAL-MUNICIPAL COST-SHARING BUT WITH ADDITIONAL PROVINCIAL FUNDING

This option means a greatly expanded role for municipalities in planning and managing all institutional care and community-based services for seniors. Municipalities would maintain their current level of funding for elderly services; current provincial funding for other institutional care and community-based services would be allocated to the municipality. Provincial-municipal cost-sharing would be arranged on a variable basis according to services needed and the municipality's ability to pay.

Both institutional care and community-based services could be managed directly or purchased on a contractual basis with current service providers.

Provincial-municipal planning, priority-setting and resource allocation would be established.

Implications:

- increases municipal involvement in all services for seniors at the local level;
- requires definition of the range of community-based services;
- increases provincial expenditures for institutional care and expanded community services network;
- addresses municipal concerns about ability to pay;
- requires establishment of a joint provincial-municipal planning and priority-setting mechanism;
- improves comprehensive planning and management of all services for the elderly on a local basis;
- allows for integration and coordination of the total spectrum of services along a continuum of care;
- impact upon current service providers would have to be evaluated in terms of municipal management of the services.

SECTION E: SERVICES FOR PERSONS WITH DISABILITIES

While no valid statistics exist to establish the total population with disabilities, there are approximately 80,000 persons in Ontario between the ages of 18 and 65 who receive needs-tested provincial allowances because they suffer from some form of disability. This group of persons with known disabilities divides into four major categories:

. Developmentally disabled	25%
. Psychiatrically disabled	20%
. Physically disabled	40%
. Combined factors of disabilities	15%

Thousands of other persons with disabilities are supported by Old Age Security, Disability Allowances under the Canada Pension Plan, Workers' Compensation, War Veterans' Allowances and private insurance programs. Many of these persons require some form of social services beyond financial assistance.

The Ministry of Community and Social Services in its "Corporate Plan" (1987) has declared that persons with disabilities will be assisted in living in the community with the greatest degree of self-determination and self-reliance possible, having regard to their individual needs. This position assumes the existence or development of a network of services to assist persons with disabilities in carrying out the routine activities of daily life as independently as possible.

As noted in section D, "Services for Elderly Persons", in "A New Agenda: Health and Social Services Strategies for Ontario's Seniors" (1986) the Ontario government announced plans to develop a "One-Stop Access" approach to community health and social services through pilot projects in five areas of the province. This new approach will improve access to and delivery of these services for elderly and physically disabled adults. The planning, development and administration of this program will be assigned to an appropriate local authority.

Also as noted in section D, the Ministry of Community and Social Services has announced that it plans to develop a new Community Services Act. This new act will provide a single legislative base for a variety of community programs.

CURRENT SITUATION

The majority of programs that assist persons with disabilities are provided either directly by the provincial government or through voluntary organizations funded by the Ministry. Municipalities also are directly involved in delivering a number of programs. These are described below.

Community-Based Services with Municipal Involvement

Income Maintenance and Related Programs

Income support is provided by municipalities to persons with disabilities on the following basis:

- Temporary basic General Welfare Assistance allowances are paid pending provincial approval of an allowance under the Family Benefits Act.

- Supplementary Aid is paid at the discretion of municipalities to persons who already receive an allowance under Family Benefits, Old Age Security or the Vocational Rehabilitation Services Act. The allowance is paid for prosthetic devices, dental services, rent supplementation and other extraordinary needs.

- Special Assistance is paid at the discretion of municipalities to anyone in financial need, and may provide money for moving costs, surgical supplies, dental services, prosthetic devices, artificial limbs and vocational training.

- Accommodation in domiciliary hostels or Rest Homes may be provided for persons with disabilities under purchase-of-service contracts between municipalities and service providers.

Income maintenance and related programs are discussed at length in section A, "Income Maintenance". Refer to that section for information about provincial-municipal roles and responsibilities with respect to income support, key issues to be addressed and possible options for dealing with those issues.

Community-Based Services

Some elderly persons and persons with disabilities need (and, where services are available, use) similar community health and social services. These have already been described in section D; they include:

- Homemakers and Nurses Services Program,
- Home Support Services,
- Home Care Program,
- Integrated Homemakers Program.

Community-Based Services with no Municipal Involvement

Attendant Care

This program provides personal assistance or "attendant" care to physically disabled adults under the age of 65, who are living independently in the community, usually in a group home or in non-profit apartment complexes (generally referred to as support service living units). On-site staff provide any necessary personal care services and assist in activities such as laundry, housekeeping, shopping and banking. The program is fully funded by the Ministry.

Attendant Care Outreach Program

This program provides attendant care to persons who live outside of designated support service living units. The program is fully funded by the Ministry.

Assistive Devices Program

This program assists individuals with the purchase of selected medically prescribed devices. The Ministry of Health will pay approximately 75% of the costs for persons 22 years of age and under and who require equipment such as hearing aids, wheelchairs, visual aids, orthoses and communication aids. The program has been expanded to include eligibility for all age groups for devices such as prostheses, respiratory equipment and ostomy supplies. Effective November 1987, age restrictions were removed for people needing wheelchairs, seating systems and mobility aids, and further expansion of the program is planned.

Community-Based Mental Health Services

Community-based mental health services are being implemented by the Ministry of Health with the intent to replace in-patient psychiatric treatment with out-patient services wherever possible, reintegrate discharged patients into the community environment, locate mental health treatment and rehabilitation services as close to the homes of clients as possible, and increase the range of choices of interventions or services available. Currently, some 400 community programs provide the following range of services:

- prevention programs,
- self-help programs,
- alcohol and drug programs,
- counselling/treatment programs,
- coordinating programs,
- psychogeriatric programs,
- special housing programs,
- rehabilitation programs.

The Ministry of Health has announced its plans to substantially increase these programs over the next three years.

While municipalities have not customarily participated in community-based mental health services, a joint provincial-municipal project - the Habitat Program - has been established in Metro Toronto to provide appropriate accommodation in boarding homes, with support services, for psychiatrically disabled adults. Under this program, the Ministry of Health is funding the support services component, and the Ministry of Community and Social Services and Metro Toronto jointly fund the shelter component and comfort allowances on an 80:20 basis under the General Welfare Assistance Act.

Developmental Services for Children and Adults

There is a wide range of community-based services to help persons with developmental disabilities to maintain themselves in the community and to assist families who care for developmentally disabled children at home. The Ministry provides funds to voluntary agencies or community boards, such as Ontario Associations for Community Living, and the programs include the following:

- Work and Training programs: these services include vocational rehabilitation services and sheltered workshops;
- Adult Development or Life Skills Program;
- Adult Protective Service Workers;
- Special Services at Home Program;
- Infant Development Program;
- Parent Relief Program;
- Behaviour Training Program;
- Family Support Workers;
- Communications Programs;
- Assessment Services;
- Foster Care Support;
- Supported Independent Living in Apartments;
- Group Homes.

Group Homes

Group homes provide residential accommodation for persons with various disabilities through residences operated by non-profit corporations. Funding is provided by the Ministry of Housing for rent subsidies and Canada Mortgage and Housing for capital costs. Municipalities play an important role by enacting local by-laws under the Planning Act to allow the establishment of group homes.

Interpreter Services

This service assists deaf and hearing-impaired adults who live in the community. It provides interpreters in order to assist the deaf person in communicating with others, particularly in job-related, medical or legal matters. The program is fully funded by the Ministry of Community and Social Services, and coordinated and delivered by the Canadian Hearing Society.

Intervenor Services

This program is for deaf-blind adults who require an "intervenor" in order to communicate with others. The program is funded by the Ministry of Community and Social Services, and the Canadian National Institute for the Blind (CNIB) coordinates and delivers the service through a purchase-of-service agreement with the Ministry.

Vocational Rehabilitation Services

This program is fully funded and provided directly by the Ministry and assists individuals to become capable of pursuing a gainful occupation. Services include vocational counselling, planning, training, job placement and other goods and services necessary for vocational rehabilitation.

Rehabilitation Workshops

Community workshops provide assessment, training, job placement and sheltered employment for persons with physical or mental disabilities. The Ministry provides funding to charitable organizations, such as the March of Dimes and the CNIB, for the operation and management of the workshops.

Institutional Services

Schedule I Facilities

The Ministry operates 13 residential facilities for persons with developmental disabilities. They are located throughout the province and range in size from 100 to 950 residents. A full range of residential, highly specialized treatment and training programs and services is provided. Some of the residents may live in facility operated satellite group homes or approved community residences.

Schedule II Facilities

These facilities, also known as community resource centres, provide a full range of highly specialized treatment and training programs, including recreational and social activities. Various accommodation and residential services are managed and operated by community boards or corporations, usually the Ontario Associations for Community Living, which receive funding from the Ministry.

Other Institutions

Other institutions that provide services for persons with disabilities also serve the elderly. Some of these programs are more fully described in section D, "Services for Elderly Persons"; they include:

- Charitable Institutions,
- Chronic Care Hospitals,

- Homes for Special Care,
- Municipal Homes for the Aged,
- Nursing Homes,
- Provincial Psychiatric Hospitals,
- Rest Homes.

Refer to section D for details on municipal and provincial responsibilities for these various institutions, related issues and options for dealing with these issues.

Linkages

Community living options for persons with disabilities often have both a direct and an indirect relationship to programs offered by other Ministries and municipal governments, such as housing and transportation services.

- Many persons with disabilities require assistance with their accommodation needs through rent-geared-to-income housing. This may be provided through municipal non-profit housing corporations, private-non-profit groups or the Ontario Housing Corporation. Others live in group homes which involve municipalities through the enactment of local by-laws.

- Transportation services are essential to community living options for persons with disabilities. Public parallel transit systems and alternative transportation services are being developed through the provincial-municipal grant program, as well as local support for voluntary transportation services.

- Access to community facilities and adaptation of the physical environment for persons with disabilities, particularly in urban centres, are a municipal responsibility and concern.

- Access to health services also is essential to community living for persons with disabilities.

- Persons with disabilities and elderly persons often have similar needs for community-based services. The linkages between the two client groups and opportunities for coordinating service planning, administration and delivery need to be explored, such as through the province's "One-Stop Access" pilot projects referred to earlier in this section.

KEY ISSUES

o Municipalities currently do not play a major role in providing direct services for persons with disabilities, except in the area of short-term income support and some community-based services such as Homemakers and Nurses Services and Home Support. The province has made a clear commitment to the development of a broad range of community-based services for persons with disabilities, and, to date, it has pursued this goal primarily by providing funds to the voluntary sector for the delivery of services. Whether or not municipalities wish to participate in further service development and delivery is a question that should be considered.

- Municipalities may play a major facilitating role, but this is not a province-wide phenomenon. Municipalities are under increasing pressure from community organizations that represent persons with disabilities, to provide special grants or other forms of support.

Access to Services

- A full range of community-based services for persons with disabilities has not yet been fully developed; moreover, the level of service available varies across the province. These are two limitations of the existing service network.

- Certain services are available to persons with certain disabilities and not to others who also require them. For example, persons with psychiatric disabilities generally have limited access to community-based services such as accommodation and community support.

- Services are generally designed to meet the needs of a specific client group and not on a generic basis, even though many services identified as necessary for persons with disabilities are also required, for example, by the elderly population.

- Access to services for persons with disabilities cannot be effected without total linkage to the full spectrum of services required by the individual for independent community living, including community services, accommodation and transportation.

- Five areas in the province will be involved in the pilot projects for a "One-Stop Access" approach. These projects and any further development of the integrated approach to services for the elderly and physically disabled adults require a review and evaluation of the current role of municipalities in providing community-based services for these client groups.

Planning

- Planning is required to identify the needs of disabled persons; to identify resources, human and financial; to design appropriate services; and to coordinate service delivery to clients with similar needs, within communities and on a province-wide basis.

- Planning is needed to integrate service needs such as income assistance and community support with local housing, transportation and related community programs.

- Currently, planning processes do not meet the needs of all participants who should be involved at the community level. The following authorities and groups should be included:

  - the provincial government,
  - the local government,
  - the private sector - voluntary groups,
  - direct service providers - public and voluntary,
  - clients and/or advocates,
  - the general public,
  - physical planners.

OPTIONS

TABLE V-5
RANGE OF OPTIONS FOR SERVICES FOR PERSONS WITH DISABILITIES

	DEGREE OF MUNICIPAL INVOLVEMENT		
PROVINCIAL CONTRIBUTION	Current	Mandatory Increase	Discretionary Increase
Current	OPTION 1		
Potential Decrease		OPTION 2	
Potential Increase			OPTION 3

OPTION 1: CURRENT DISCRETIONARY MUNICIPAL INVOLVEMENT IN PROVIDING AND FUNDING SOME COMMUNITY-BASED SERVICES (STATUS QUO)

Municipalities would continue their current discretionary role with respect to community-based services, such as funding/providing homemaking and nurses services and home support programs, and awarding special grants to certain providers for certain programs.

Implications:

- does not address the problem of uneven access to services across the province;

- does not involve municipalities in planning and developing an integrated approach to community services at the local level;
- requires the province to make increasing use of purchase-of-service agreements with local organizations to ensure that basic levels of service are available province-wide;
- may not adequately identify and consider local needs and priorities.

OPTION 2: **INCREASED MUNICIPAL INVOLVEMENT: MANDATORY MUNICIPAL PARTICIPATION IN PLANNING, COST-SHARING AND DELIVERY OF A DEFINED RANGE OF COMMUNITY-BASED PROGRAMS**

Municipalities would be involved in planning and managing a range of community services currently provided by the Ministry of Community and Social Services. Municipalities could manage and operate the services directly or purchase the services on a contractual basis with established community agencies.

Cost-sharing of the services between the Ministry and municipalities would be arranged according to the municipality's ability to pay.

Implications:

- increases municipal expenditures but considers ability to pay;
- requires definition of the range of community-based services;
- could affect current service delivery models for programs provided by the voluntary sector;
- greatly increases municipal involvement in comprehensive planning and priority-setting;
- requires coordination of planning and priority-setting between provincial and municipal governments;
- allows for better planning and management of community services across a wide spectrum, to serve all persons with disabilities at the local level;
- increases opportunities for coordinating services for persons with disabilities and other local clients with similar needs;
- may decrease provincial expenditures.

OPTION 3: **INCREASED MUNICIPAL INVOLVEMENT ON DISCRETIONARY BASIS; GREATER MUNICIPAL-PROVINCIAL PARTNERSHIP IN PLANNING, COST-SHARING AND COORDINATING A BROAD RANGE OF COMMUNITY-BASED SERVICES**

Municipalities would have an active role in planning and coordinating a range of services, including community-based programs, currently provided by the Ontario Government. Municipalities would be involved in a planning function with several provincial Ministries such as Community and Social Services, Health, Housing, and Transportation and Communications to help coordinate programs at the local level.

Generic community services could be developed which would serve all persons with disabilities as well as the elderly, according to their needs.

Cost-sharing between the province and municipalities would be arranged according to the municipality's ability to pay.

Provincial funding of programs would flow to the municipality. Municipalities could manage and deliver the services directly, or through contractual arrangements with service providers.

Implications:

- increases expenditures for participating municipalities, but takes into account their ability to pay;
- increases municipal involvement in a wide range of community-based support services;
- allows for planning, management and coordination of a broad range of community-based services with the relevant provincial Ministries;
- allows for a flexible response to identified local needs;
- allows for the development of generic services across a broader spectrum to serve clients with common needs;
- requires definition of the range of community-based services;
- requires mechanisms for planning and priority-setting between provincial ministries and municipal governments;
- where municipalities do not participate, requires increasing involvement of the province in negotiating agreements with local organizations to ensure consistent, province-wide access to necessary services;
- probably increases provincial expenditures, given the province's commitment to expand programs to meet needs regardless of municipal participation.

SECTION F: COMMUNITY SUPPORT SERVICES

Community support services are provided through a wide variety of programs that serve a number of different target groups. These programs often appear to be disparate and quite unrelated; and in fact, at the community level, there is seldom any unifying structure for service provision.

Community support programs are provided under the authority of several provincial statutes, including the Ministry of Community and Social Services Act and the General Welfare Assistance Act. Services provided include the following:

- hostels,
- emergency services,
- food banks,
- community information centres,
- family violence shelters and counselling,
- family counselling,
- credit counselling,
- community and neighbourhood support services,
- social planning councils,
- resource centres,
- Big Brothers/Big Sisters,
- multiservice centres, community service centres.

CURRENT SITUATION

Overview

Community support programs are usually the result of local initiative in response to identified needs. The programs are funded and delivered by a variety of participants in government and the voluntary sector. Currently, the role of the voluntary sector in the development and funding of these programs is perhaps more significant than that of government.

Generally, the mix of support programs varies from community to community according to specific demands on the part of local interest groups and available local resources. To a large extent, community support programs have developed from grassroots identification of need in the community and may be informally structured, funded and delivered. The Community and Neighbourhood Support Services Program is a good example of the type of locally based informal program that has sprung up over the past several years.

Many community support programs began as pilot projects funded with seed money and were directed at resolving a particular problem or addressing a service demand that had been incubating in the local community. Others developed in order to fill gaps in the existing service structure and have themselves become integral to local service delivery. Food banks, soup kitchens, the Emergency Shelter and Assistance

Program and other services offered through charitable and religious organizations all provide assistance to persons in need in the local community.

Although many of these services began with a focus on emergency assistance, many now perform ongoing, mainstay functions for the people they serve. The proliferation of secondary welfare institutions can be attributed in part to inadequacies in the existing social assistance program and in the affordable housing stock. For example, services such as hostels, which were intended to address emergency and short-term housing and shelter needs, have in recent years performed a longer-term function in the absence of permanent affordable housing for different client groups.

More formalized, structured, community support programs have also developed as a by-product of specific provincial program initiatives. Base funding for these programs tends to be provided, at least in part, by the provincial government. For example, community support services for elderly persons and persons with disabilities have been established for some time, in response to the demand for community-based services. Services to persons with psychiatric problems are in the process of being established. Family counselling programs began as supports to the income maintenance program and were targeted to welfare recipients. Over time, counselling programs have become more generic in nature and are no longer specifically focused on certain client groups. Still other community support programs are focused on primary prevention or research and development.

While many community support programs, by their nature, can be considered "structured", and basic to the well-being of community residents, there are a number that enhance the quality of life and as such may be considered "non-structured" or informal. These are often unique to local communities and have primary funding from the voluntary sector. They include such services as Big Brothers/Big Sisters, drop-in centres, mothers' support groups and programs for elderly persons.

Given the wide variety of programs, roles in delivery and funding will be summarized under several service categories.

Counselling

Family counselling is provided through two mechanisms: the General Welfare Assistance Act and the Ministry of Community and Social Services Act. The Municipal Purchase of Counselling Program, funded under the General Welfare Assistance Act, is a discretionary program that allows municipalities to enter into agreements with local agencies. Cost-sharing for this program is 80% federal-provincial and 20% municipal.

Ministry Purchase of Counselling is funded under the Ministry of Community and Social Services Act. The Ministry enters directly into agreements with agencies and purchases services on a contractual basis for Family Benefits clients and families in need who cannot obtain counselling through other federal, provincial or municipal programs. This service is funded 100% by the province and the federal government.

The Ministry also funds informal counselling through the Community and Neighbourhood Support Services Program, Child Care Resource Centres, the Prevention Program, Elderly Persons Centres and Emergency Shelters under varying funding formulae.

Credit counselling, which is directed at consumer debtors who are in financial difficulty, is funded by the provincial government, credit grantors, user fees, municipal social service grants, donations and private sources. The Ministry share, which is authorized under the Ministry of Community and Social Services Act, is 60% of approved agency budgets, and is shared 50:50 with the federal government.

Emergency Services

These services revolve primarily around the need for emergency shelter and food.

Under the General Welfare Assistance Act, municipalities may purchase or provide residential accommodation for persons in need. Two types of hostel accommodation are provided: emergency and domiciliary. Domiciliary hostels are privately owned residential premises in which long-term accommodation and care are provided. Funding of hostel beds is cost-shared on an 80:20 basis between the federal and provincial governments and municipalities.

The Emergency Shelter and Assistance Program was introduced by the province in 1982 to assist voluntary organizations such as churches in providing food and shelter during the winter months. The funds are administered by municipalities. The program is cost-shared 80:20 by the federal and provincial governments and municipalities.

Food banks and other voluntary sector organizations have played a significant role in the development and ongoing delivery and funding of emergency services to persons in need. Many of these groups are funded primarily through private donations, municipal grants, United Way and other charitable donations.

Family Violence Initiatives

Family violence initiatives are a range of programs that offer assistance, shelter and support to abused women and their families. Services include crisis lines, counselling, child care, emergency housing, transportation, education, prevention programs and domestic response teams. Funding is provided by the federal and provincial governments, municipalities and the voluntary sector. Municipal expenditures under the General Welfare Assistance Act are cost-shared with the province on an 80:20 basis. Provincial expenditures are made under the General Welfare Assistance Act and the Ministry of Community and Social Services Act (for purchase of counselling services).

Other Community Support Services

The Community and Neighbourhood Support Services Program provides core funding to community-based organizations that provide services such as drop-in centres, home support, case management and parent education. Core funding covers administrative expenses as well as costs related to rent, telephone and supplies, to a specified maximum. The Ministry cost-shares this funding 50:50 with municipalities and/or charitable organizations. Municipal contributions are generally made in the form of grants.

Community Information Centres provide information and referral services for local residents. The funding for the centres is provided through operating grants from the Ministry of Culture and Communications as well as United Way and municipal social service grants. Specific project funding may also be furnished by federal and provincial governments.

Planning

Planning for the development of community support programs is carried out by the Ministry, municipalities and the voluntary sector. In most communities, there are no structures in place to coordinate planning activities.

Through its Area Offices, the Ministry plans for implementation of provincial initiatives as well the establishment and ongoing funding of needed programs.

The involvement of municipalities in community services planning varies considerably across the province. Some larger municipalities have planning and research staff to undertake this task, while others use more informal approaches.

Local voluntary funding bodies, such as the United Way are involved in reviewing proposals from community agencies for community support services and recommending priorities, but this is not meant to constitute an overall local social planning mechanism.

Charitable and other organizations serving specific interest groups are often involved in local planning for specific services for their constituents. Provincial associations, through their affiliates, have contributed substantially to planning local services for persons with specific disabilities and persons suffering from specific illnesses or syndromes.

Social planning councils are involved in the planning of social services. Their role may include research, trends analysis, dissemination of information, advocacy, development of new programs and local service coordination. Social planning councils receive a majority of their funding from the private sector. Many municipalities also contribute to these organizations through municipal social service grants. There is no provincial funding for social planning councils, and they are not in place consistently across Ontario.

KEY ISSUES

Nature and Purpose of Services

- There is a need to define what is meant by "community support services". At present, they represent a mixed group of programs with widely varying purposes. Some meet emergency needs, others provide short-term assistance. A number of services have a longer-term focus, whether by design or necessity. There is a need to examine these programs to determine whether they can be categorized more simply, or perhaps defined according to whether they meet basic or "core" service needs, or are supplemental programs.

Planning

- There is no comprehensive coordinated government and voluntary sector planning process in place for community support services.

- Local input to planning for Ministry initiatives is very limited.

Service Delivery

- The range of community support services varies widely from community to community. While it is recognized that local flexibility is critical, there is a need to balance this with more consistency in program access for clients. Gaps in service, lack of coordination, service fragmentation and duplication are key concerns. Individual community support services often develop in response to specific needs; consequently, in any given community there may be a number of organizations offering similar services. It is necessary to rationalize the service spectrum to ensure efficient but effective delivery.

- Confusion exists as to where responsibility for these services lies. Many programs developed to fill gaps in the existing system, and lines of responsibility have become blurred. Voluntary sector groups, for example, are questioning what their role should be in the provision of food and shelter. Many families have become long-term clients of these secondary welfare institutions because of inadequacies in the welfare system, and the services are no longer focused on emergency needs.

- There is a trend away from specialized services that may stigmatize clients and alienate them from other members of the community. There is a question, however, as to what the best approach to services is and how to balance the need for both specialized and generic service.
- The roles of government and the voluntary sector in service delivery must be clarified.

Funding

- Discretion in service provision, as well as differential ability to pay on the part of municipalities and the voluntary funding sector, have led to differences in the availability of community support services and have restricted access to necessary services.
- Many community support programs have inadequate or uncertain base funding from year to year. This creates instability and may affect service availability and quality.
- Community support programs are funded in a number of ways by numerous sources. Funding mechanisms are complex and onerous to administer.
- Differential cost-sharing among discretionary programs creates incentives to offer certain programs without regard to local service needs.
- Administrative requirements for community support programs are onerous. Program budgets do not always include an adequate allowance for administrative costs.
- There is a need to examine the roles of government and the voluntary sector in the funding of these services.
- Municipal social services grants currently provide funding for a wide range of different programs. The role and purpose of municipal social services grants require clarification.

OPTIONS

Structured community support services can be described as a defined range of services seen to be essential to the well-being of local residents. Services would include formal programs under such broad categories as counselling, emergency services and social planning.

Unstructured community support services would include programs that are seen to be desirable, flexible and less formal and based on local determination of priorities. Programs such as informal drop-in centres and Big Brothers/Big Sisters would fall into this category.

TABLE V-6

RANGE OF OPTIONS FOR COMMUNITY SUPPORT SERVICES

PROVINCIAL CONTRIBUTION	DEGREE OF MUNICIPAL INVOLVEMENT		
	Current	Mandatory	Discretionary
Varied Mix of Funding Formulas Across Programs	OPTION 1		
Single Fixed Formula for Structured Programs; No Funding for Non-Structured Programs		OPTION 2	OPTION 3

OPTION 1: MAINTAIN CURRENT LEVEL OF MUNICIPAL INVOLVEMENT WITH CURRENT MIX OF SERVICE PROVIDERS AND FUNDING RATIOS.

This option reflects the current situation.

Implications:

- allows the development of local services in response to specific demands;
- confirms the role of the voluntary sector in funding of community support services;

- does not resolve concerns related to the roles of government and the voluntary sector;
- does not differentiate between basic structured and non-structured services;
- maintains current confusion and program fragmentation;
- does not address municipal concerns about ability to pay;
- does not resolve issues related to funding instability, inadequacy and complexity.

OPTION 2: INCREASED MUNICIPAL INVOLVEMENT: MANDATORY MUNICIPAL DELIVERY OF STRUCTURED PROGRAMS; RATIONALIZED PROVINCIAL-MUNICIPAL FUNDING FOR STRUCTURED PROGRAMS; MANDATORY LOCAL PLANNING PROCESS.

This options calls for mandatory municipal responsibility for delivery of basic structured community support services. Municipalities could opt for direct delivery or purchase-of-service contracts with local service providers.

Provincial-municipal cost-sharing would be rationalized, with the municipal share based on a formula reflecting municipal ability to pay.

Funding of supplemental (or unstructured) services would remain unchanged, with equal cost-sharing between municipalities and the voluntary sector, and no provincial contribution.

The specific services funded under structured and unstructured categories would be determined as part of a mandatory municipal planning process. The province would provide cost-sharing for new local service initiatives as defined through the joint planning process.

Implications:

- requires clear definition of structured services;
- allows the Ministry to establish standards for structured services;
- assures the provision of necessary structured support services;
- allows a flexible response to local needs;
- allows flexibility in use of local funding for unstructured programs;
- addresses municipal concern about ability to pay in respect of cost-sharing ratios, but may increase municipal expenditures;
- provides a more stable funding base for programs;
- establishes funds for service initiatives and a mechanism to make them more permanent where indicated;
- may change the current role of the voluntary sector organizations and the services they currently provide;

- addresses the issue of the lack of planning for services;
- may not address the issue of inconsistencies in the range of services available across the province.

OPTION 3: LESS MUNICIPAL INVOLVEMENT: DISCRETIONARY MUNICIPAL INVOLVEMENT IN DELIVERY AND FUNDING OF STRUCTURED AND NON-STRUCTURED PROGRAMS

Municipalities could be involved in the delivery and funding of structured basic community support programs at their discretion. Cost-sharing ratios would reflect municipal ability to pay.

Where municipalities chose not to be involved in delivery of structured services, the Ministry could negotiate directly with local approved corporations to provide services. Costs would be shared by the Ministry and approved corporations through voluntary fund-raising.

There would be no provincial contribution to the funding of unstructured programs. These would be cost-shared by municipalities and the voluntary sector.

Planning for community support services would take place as part of a comprehensive local planning model. Municipal involvement in planning would be optional. Where municipalities chose not to be involved, planning would be done by a provincially appointed special-purpose body.

Implications

- increases provincial expenditures;
- addresses municipal concern about ability to pay;
- may put undue pressure on the voluntary sector to provide and/or fund services;
- helps to ensure service coordination and reduce duplication by service providers;
- allows municipal discretion regarding level of participation.

CHAPTER VI: GENERAL THEMES

The review of the six program areas has revealed a substantial number of issues arising from the current provincial-municipal partnership in social services. While some of these are program-specific, there are many that recur across program areas.

For purposes of discussion, the general themes can be grouped under three headings:

1. planning,
2. service delivery,
3. funding.

PLANNING

The review of program areas clearly points to the need for a more coordinated approach to the delivery and funding of social services. Planning is an essential part of this process, and there are a number of issues to be considered.

Approach to Planning

- There is no comprehensive and coordinated approach to the planning of social services across Ontario. In the current system, planning takes place at the provincial, municipal, agency and community levels, but there is no consistency in the content, focus or quality of planning that occurs.

  The Ministry has ultimate responsibility for overall delivery of social services and undertakes planning with respect to policy and major program initiatives at its corporate headquarters. Operational and service planning is carried out through Ministry Regional and Area Offices. Other provincial ministries are also involved in the planning and delivery of services to similar client groups, and this compounds the need for a coordinated approach to planning.

  Within the local community, planning takes a variety of forms. It may be undertaken by special-purpose bodies that are responsible for planning for specific clients, populations or programs or for more generalized social planning. In the area of children's services, for example, 14 Children's Services Coordinating and Advisory Groups (CSCAGs) advise local municipalities, the province and local agencies on children's needs and assist in the planning and coordination of services to address those needs. The province provides virtually 100% of their funding, although some municipalities do provide financial or in-kind support. Groups cover only one-third of Ontario's population, and their mandates vary widely. Focus is on local services, they do not contribute directly to planning in a broader provincial context.

District Health Councils are regional advisory committees which serve as planning and priority-setting bodies for both institutional care and community health. As such, they function as advisory groups reporting to the Ministry of Health. Representation on Health Councils consists of 20% elected municipal officials, 40% service providers and 40% consumers. Funding for Health Councils is provided by the Ministry of Health at 100%.

Local planning also may be undertaken by social planning councils. These bodies are responsible for a range of services, including local planning, research, information-sharing and advocacy. Substantial differences exist among social planning councils with respect to their resources and their ability to provide effective planning services. Social planning councils are not in place consistently across Ontario.

Associations for Community Living (formerly known as Associations for the Mentally Retarded) and similar local organizations also have a mandate to plan on behalf of their particular client group.

In addition, some municipalities are directly involved in planning for social services and community development. There is no consistent approach to the funding of planning at the municipal level. Moreover, no mechanism exists to link social service planning with the physical planning process at the municipal level.

- A number of recent initiatives reflect a provincial emphasis on local community involvement in planning. There is an issue as to whether local planning should be more generalized across all social services, or whether it should be focused on specific programs or client groups.

  The current approach to planning involves a mix of planning processes directed at individual client groups, program areas and generic social service streams. If a more comprehensive planning process is to be developed, as assessment must first be made of the relative advantages of specifically targeted planning and a broader generic approach.

- Questions have been raised as to whether social service planning should be a mandatory function at the local, upper-tier municipal or Ministry Area Office level, or whether it should continue to take place on a discretionary basis.

Mandate and Membership of Planning Bodies

- There is confusion and uncertainty as to what the roles of planning bodies are, and should be. Some planning groups, such as social planning councils, act in an advisory capacity without decision-making responsibilities. Others, like local Associations for Community Living, develop plans for their clients and negotiate directly with the province regarding services to be provided. Planning bodies may be involved in strategic planning, priority setting, service planning decision-making, resource allocation or a combination of the above. At the present time there is no consistency with respect to the mandate of local planning groups.

- Local participation in planning has become a critical issue. There is a need to develop a constructive local planning process that ensures input and participation from a cross-section of service providers, funding bodies and client groups. Concern has been expressed in all program areas that organizations involved in service delivery and funding are either excluded from or insufficiently involved in the planning process.

  For example, although municipalities are considered partners in the delivery of social assistance, they have not generally participated in provincial decisions about rate increases and policy changes. In fact, most do not receive any advance notice of changes in rates prior to public announcements. In addition, the potential impacts of new provincial initiatives, many of which are to be cost-shared by municipalities, are not always discussed in advance with the municipal sector.

Funding

- There is no consistent rationalized approach to the funding of social service planning activities, and this results in a patchwork quilt of planning models. If social planning is to be more comprehensive and consistent, there is a need to ensure a stable funding base.

SERVICE DELIVERY

Current service delivery trends, such as reduction in the size and number of facilities, the focus on community-based care, local responsibility for delivery and coordinated access to services, will continue to affect provincial-municipal roles in the delivery of social services. These issues must be addressed as new approaches to delivery are developed.

Clarity of Roles and Responsibilities

- Evolving societal needs for social support systems have led to changes in the roles and mandates of both the municipal and the voluntary sectors, and have thrown the rationale for current roles into question.

  There is a need to examine the roles of provincial, municipal and voluntary sectors in the delivery of social assistance. Traditionally, municipalities have been involved in the provision of emergency or short-term assistance, and senior levels of government have assumed responsibility for longer-term income needs. This is evident with respect to services for disabled persons, pensions for the elderly and allowances for sole support parents. Municipalities are no longer dealing only with emergency and short-term recipients on General Assistance, and this means that the differences between municipal and provincial social assistance systems may no longer be justified.

  Voluntary agencies also are assuming new responsibilities in the delivery of social assistance. For example, the inadequacies of current allowances have led increasingly to the use of food banks and hostels as mainstays for clients. These services have become an ongoing responsibility beyond their original intent to provide emergency assistance. This has lead to increased requirements by voluntary organizations for resources.

- There is now some jurisdictional confusion among various levels of government and the voluntary sector with respect to the delivery of a wide mix of social services. Because of the complexity of the system and the number of programs in existence, coordination of service delivery is problematic. This is further complicated and compounded by the number of provincial ministries which have responsibility for the same client groups and/or programs in the area of social services. As a result, some services are duplicated, others are incomplete and it is often unclear where the locus of responsibility lies. Clients become confused as to where to apply for services, and service providers find themselves in competition for the same scarce resources.

  For example, employment support programs are the responsibility of Canada Employment and Immigration, the provincial Ministries of Skills Development and Community and Social Services, and municipalities. In children's services, there are inconsistencies in the services provided to persons under 16, those under 18 and those over 18 who require continuation of services but fall under the adult program stream. Options for change must address the need not only for coordination but also for continuity of services across jurisdictional boundaries.

- The trend towards community-based services and alternatives to institutional living will continue to increase the demand for a variety of community support services. Community-based support, while desirable, also creates new needs and expectations, necessitating redefinition of the roles of municipalities and voluntary sector agencies.

  Initiatives to deinstitutionalize psychiatric patients, for example, had a strong and largely unexpected impact on municipalities and voluntary sector agencies. It was realized, after the fact, that patients would require more financial and social service support than previously realized, in order to become reintegrated into the community. Similarly, the reduction in the size and number of institutional facilities for developmentally handicapped and other persons brought pressure for changes in group home bylaws, and the development of specialized support services to facilitate community living. Such changes have also had a major impact on local community services such as transportation, recreation, home support and homemaker services.

- All of the foregoing concerns create pressure to resolve the question of "who should deliver". The appropriateness of municipal involvement in the delivery of social services has been a matter of much debate in recent years. The lack of consistency in the availability of discretionary programs, which primarily results from limited municipal funding sources, has led some people to conclude that municipal delivery is not desirable. Many others, however, feel that municipalities are in the best position to provide local services. A determination must be made as to whether municipalities should be involved, and what the nature of their role should be.

Accessibility

- Access to social services is not consistent across Ontario. The availability of service varies from community to community and is dependent upon factors such as distance between clients and service providers, the local demand for services and the size of the community. In some communities, programs are not offered at all, or they are not sufficient to meet local demand (either in terms of program content or in terms of capacity to serve all persons who need the particular service). Service duplication may also be a concern.

For example, shelters and support services for battered women and their families are not available in many communities. Particularly in rural and northern areas, there may be only one shelter to serve communities scattered over a huge area, and the problem of access may be compounded by infrequent public transportation services. This unevenness of service distribution means that a certain proportion of the population is excluded from services that are not merely wanted but needed. It is a long-standing problem and one which must be addressed in the search for a more equitable system.

- The discretionary nature of many social service programs further inhibits province-wide access. Because programs are discretionary, their availability is closely related to the level of local concern and local ability to fund.
  For example, subsidized child care has thus far been a discretionary program, and it is not available across Ontario. Where it is offered, demand for spaces often exceeds supply. New government commitments to province-wide accessibility for clients mean that essential services such as child care must be more readily and consistently provided.

  Special Assistance and Supplementary Aid are both discretionary programs administered by municipalities. The range of items provided under these programs varies considerably from one community to another, again resulting in unequal client access.

- Another inconsistency exists in the availability of information about services and how clients can obtain access to them. Lack of such information also restricts access. The need for complete and up-to-date information extends to staff at all levels in the system, clients, as well as the general public.

- There is a question as to how far to go in dealing with concerns about accessibility. Agreement must be reached on what is meant by "access to services" and whether equal access for all clients is in fact a realistic or desirable goal of the system. Universal versus selective approaches to program development represent two extremes on the continuum of service provision, and have long-term implications. Regardless of the approach, more even access to services is a necessary objective.

  The imposition of additional mandatory programs represents another way of addressing the accessibility problem. The key concern is to find the best way to balance the aim of consistency with local capability to respond effectively to community requirements.

Flexibility in Approach

- The lack of flexibility in approach to service delivery has been identified as a key concern across all program areas. As the demand for services and, to some extent, the kind of services required vary among communities, there is a need to ensure that delivery mechanisms can be flexible in response to local requirements.

  In order to make the best use of the available resources, and to accommodate increases in the demand for certain services, it will be necessary in the future to seek new ways of coordinating the delivery of services. Opportunities exist for further pooling of resources, and other means of enhancing both the quality and efficiency of service delivery can be explored.

  There are benefits to allowing innovation and creative approaches to service delivery. In some instances, for example, it may be desirable to combine services provided to client groups with similar needs. This has worked well, for example, with respect to home support programs for the elderly and persons with disabilities. Locating child care services within Homes for the Aged has also shown benefits for both client groups.

- The question of generic versus specialized service delivery is one that has been raised in all program areas. This is a central issue to be resolved in the development of a new approach to service delivery. A more generic approach may in fact enhance the effectiveness of the programs themselves, while improving access for a range of clients.

  For example, the provision of generic community-based services through local family service associations, family resource centres, community colleges, and community and neighbourhood programs may reduce the stigma traditionally associated with specialized services for welfare clients. On the other hand, there are certain clients, such as persons with disabilities, who will continue to require more specialized services.

- Given the diversity of Ontario communities, there is no one model of service delivery that works best for all areas. In northern and remote regions, geography, distance and smaller population bases may necessitate more innovative approaches. Service delivery models that work well in urban locations are not always effective in non-urban areas, for a variety of reasons. While child care centres may be the focus of service delivery in one part of the province, they may not be the answer for farm communities, where public transportation, distance, seasonal workloads and irregular work hours create different delivery requirements. In the north, it may be possible to coordinate services for a number of target groups or to develop mobile programs that could provide service across a wider geographic area. There is a requirement for flexible models that also meet the need for some consistency in program delivery. New legislation, such as the Child and Family Services Act, will allow more flexible approaches to service, and this trend can be expected to continue.

- Cultural diversity across the province also underlines the need for a flexible approach to service delivery. Language and other cultural factors must be taken into account in the development of service approaches, in order to maintain and increase client access to programs. Concern for human rights and respect for ethnic diversity will continue to affect the service delivery system.

- In the current system, there are many clients with multiple problems who do not fit into any one distinct program or service area. Flexible approaches to service must be developed to address the needs of these clients.

Accountability

- Service delivery should be effective in terms of its quality and cost benefit, and efficient in relation to its administration and overall approach.

  The absence of clear program and service standards in the existing system is a matter of some concern. Not only are roles and responsibilities for delivery unclear, but, in addition, monitoring mechanisms and program evaluation are inconsistent. An increased need for management direction and support for the delivery system, especially where programs are community-based, has also been identified as an issue.

- There is a strong view that financial contribution by municipalities and other organizations to social service programs should ensure the right to a "say" in delivery and program/policy development. The lack of municipal input to the delivery and funding process has in fact been identified as a concern across program areas, and municipalities are no longer prepared to continue to provide funding without appropriate input.

  In the current situation, for example, municipalities provide 20% of funding for Children's Aid Societies. Although there is municipal representation on Children's Aid Society boards, municipalities do not feel they have a real voice in the operation of Societies.

FUNDING

The funding of social services has been identified as a key issue. There are major concerns about the adequacy of existing funding arrangements to meet the current needs of clients and service providers. In addition, initiatives for improved planning and service delivery will certainly require a new approach to funding.

Ability To Pay

- There is a need to rationalize funding arrangements in accordance with municipal ability to pay. Municipalities have long expressed their concern that the property tax base does not represent an adequate or appropriate source of revenue for the funding of social services (and this concern also extends to municipal funding of health and education). It appears that in many instances, municipalities with the least ability to pay fund a proportionally higher share of social services than municipalities with healthier economies and larger tax bases. It is necessary to examine what types of services are most appropriately funded by municipalities, given their limited ability to generate revenues to meet increasing demands for social services.

  For example, municipalities must pay 20% of costs related to General Assistance and Children's Aid Societies, regardless of their ability to generate property tax revenues to cover these costs. Where mandatory funding alone puts a strain on municipal budgets, participation in discretionary programs inevitably, and understandably, drops off.

- Unconditional grants and other adjustment mechanisms are intended to equalize resources across the municipal sector. Even so, many municipalities are concerned that social services costs currently exceed and will continue to exceed their ability to pay.

- Affordability is also of concern to senior levels of government and to funding organizations in the voluntary sector. Sources of funds already fall short of system requirements. As the demand for services increases, it will be necessary to reassess priorities and seek more efficient ways of using available funds.

Cost-Sharing

- The rationale for current cost-sharing ratios is unclear, and there is wide variation in cost-sharing rates across social services programs.

For example, municipalities pay 20% of the costs of Supplementary Aid, even for provincial clients whose allowances and benefits are already funded at 100% by the province. Municipalities also pay 50% of the costs of Special Assistance, although the items provided under both programs are virtually identical.

Many children's services are funded at 100% by the province, but child welfare is cost-shared with municipalities on an 80:20 basis. Community support programs have a mix of funding arrangements, ranging from 100% provincial to municipally cost-shared to 100% municipal and/or voluntary financing.

- The number of different cost-sharing rates, different fiscal years, varying budget cycles, forms and required procedures etc., creates undue complexity and increases the administrative workload for municipalities and voluntary organizations. Rationalization of cost-sharing and streamlining of administrative processes is seen to be desirable and necessary.

- Where discretionary programs have different cost-sharing rates, there is an incentive to offer one type of program over another, regardless of the local client needs. In these circumstances, the provision of services is often determined by funding considerations rather than by social policy.

  For example, many clients on General Welfare Assistance must wait until they move to the Family Benefits caseload before they can obtain discretionary services, since richer cost-sharing is available to the municipality under the latter program.

- Cost-sharing for administration has been identified as a major concern by municipalities as well as other service providers. Individual program budgets often underestimate administrative costs and therefore do not reflect the actual costs of providing service. As a result, these costs must be subsidized by the organization in other ways.

  Municipalities have raised issues with respect to their share of costs relating to administration and the categorization of shareable and non-shareable costs. Federal-municipal cost-sharing of 50:50 for administration is not seen to be sufficient, particularly since many programs are offered by municipalities on behalf of the province. Accordingly, some municipal officials believe that the province should also subsidize administration costs. The rationale for categorizing non-shareable and shareable costs is also unclear.

For example, although office space is of critical importance in the delivery of services, accommodation costs are not shareable; they are borne by the municipality at 100%. In northern and remote communities, where municipalities must incur substantial costs for items such as telephone and accommodation charges in order to ensure effective delivery, there is no subsidy. This creates considerable difficulty for municipalities already facing economic problems. Postage costs are non-shareable unless mailing is done by computer, in which case sharing is 50:50. There are many similar anomalies in the current approach to administration costs, and the impact on municipalities and other service providers must be addressed.

- Provincial expenditure ceilings on shareable expenditures create additional hardships for municipalities. The ceilings imposed do not take into consideration such factors as service demands, appropriate staffing requirements, and salary awards for unionized staff, despite the fact that many of these are beyond municipal control. As a result, municipalities must provide 100% of costs over approved expenditure ceilings. This has a serious impact on the municipal funding base and the level of service provided.

Stability of Funding

- Base funding for some social services is insufficient, necessitating the provision of funds from other sources. In some instances, this is the result of an unexpected increase in service demand; in other cases, it is a consequence of inadequate funding in other programs. For example, food banks and other charitable organizations that meet emergency needs depend on municipal and voluntary funding. The demand for these services is largely due to deficiencies in the income maintenance program and lack of affordable housing. Although these organizations are in fact providing basic services, in response to identified needs, most are not funded for this purpose by senior levels of government.

- Ongoing funding for programs cannot be assured from year to year. This uncertainty inevitably weakens the service system and structure. It also hampers the development of new service approaches, which often require testing and refinement over an extended period.

  By way of example, employment support initiatives have been in place for over five years and funding was due to terminate in 1988. Although it is now known that funding will continue beyond this time, municipalities were already well into their budget preparations without a clear understanding of what the fate of the initiatives would be. This has serious implications for staffing, service delivery and budget forecasting.

It is often difficult to secure ongoing funding for programs that began with "seed" money through voluntary or municipal social service grants.

As a result, beneficial programs that are not approved by the province for base funding must rely from year to year on municipal or United Way contributions if they are to continue. There is no consistent mechanism in place to facilitate program evaluation and transfer to a base funding approach.

- Municipal social service grants play an important role in the development and ongoing funding of services at the local level. At the present time there is great variety with respect to the types of programs which are funded. Concern has been expressed that municipal social service grants are often used to fund programs which may more appropriately be the responsibility of senior governments, or which should be provided on a cost-shared basis. In addition, the reliance of local services on municipal grants creates program instability and may affect continuity of service. The role of municipal social service grants requires clarification.

Input to Process

- There is a question as to whether financial contributions to social service programs by municipalities and other organizations should ensure the right to a voice in delivery and program/policy development. The exclusion of municipalities from decisions about funding arrangements has in fact been identified as a concern across program areas.

CONCLUDING COMMENT

The foregoing review has identified broad social policy issues that must be taken into consideration in reformulation of the provincial-municipal partnership. These issues form the basis for the key questions contained in Chapter VII, "Focus for Discussion".

CHAPTER VII: FOCUS FOR DISCUSSION

The identification of issues in Chapters V and VI points to a number of key questions that must be addressed before decisions are made about the future provincial-municipal framework. This section sets out the questions that the Committee feels are central to those decisions. It is intended that these questions will provide a focus for discussion during the consultation process; the list, however, is not exhaustive.

The questions are grouped into two broad categories: (1) general questions relating to planning, delivery and funding of social services in the context of the province-wide system; and (2) specific questions directed to each of the six program areas described in Chapter V.

GENERAL QUESTIONS

Planning

1. Should there be a more comprehensive, coordinated approach to local planning for social services? If so, should it be a mandatory process?

2. Who should be responsible for local planning, and what should the catchment area be?
   - municipalities
   - Ministry Area Offices
   - special-purpose bodies

3. Who should contribute to local planning and how should such input be obtained?

4. What should the mandate of a local planning body be? Should it act in an advisory capacity, make decisions, participate in priority-setting for the allocation of local resources?

5. How should a local planning body be structured? To whom should it report?

6. Can local planning be effectively undertaken for a wide range of social services, or is it best focused on specific program or client groups?

7. How should local planning link with a broader provincial strategic planning and policy development process?

8. How should a local planning process be funded?

9. If municipalities are not involved in delivery or funding of social services, should they have a role in planning?

Service Delivery

1. Are there service delivery roles that are best suited to the provincial level of government?

2. Are the concepts of emergency, short-term and long-term services useful or helpful in determining who should deliver certain services?

3. Are the province and municipalities equally able to deliver services to some or all client groups?

4. a) Should some services, or categories of services, be provided on a mandatory basis across Ontario?

   b) Should discretion be maintained for some services?

   c) Should municipalities be required to deliver programs on a mandatory basis?

5. What types of service are best provided by the voluntary sector?

6. What does accessibility mean? Is the goal of the system equal access, reasonable access or more even access to services? Are there affordable ways to ensure access to services?

7. How can the social services system provide for consistency in access, and still be flexible and responsive to local needs?

8. Are there some services that should/could be more generic in approach? Is a generic approach preferable for some services?

9. How can coordination of services within and across target groups be achieved?

10. Does involvement in delivery ensure the right to participate in planning for delivery of services, and a responsibility to fund?

11. How can accountability be built into the delivery system - through standards, monitoring, program evaluation? How is the accountability of service providers ensured?

12. What organizational supports are necessary for community-based programs?

13. Are there services that meet similar needs and which could logically be combined to enhance efficiency and effectiveness (for example, services for the elderly and services for persons with disabilities)?

Funding

1. a) Is the municipal property tax base an appropriate source of revenue for financing social services?

   b) If so, which services would be most appropriate for municipal funding?

   c) If municipalities are not involved in service delivery, should they be required to provide funding?

2. How should the issue of differential ability to pay be addressed?

3. a) Is a full scale overhaul of current funding arrangements necessary?

   b) Are there interim steps that could be taken immediately to improve funding arrangements without a full-scale overhaul?

4. Do funding arrangements influence what programs are provided by municipalities?

5. What services should not be funded by the voluntary funding sector?

6. What should the role of municipal social service grants be in the funding of local social services?

7. If municipal costs for some social services were reduced, would municipalities be prepared to assume other social services costs? If so, in what programs?

8. a) How could cost-sharing of administration expenditures be simplified?

   b) Is there a better approach to budgeting and setting of expenditure ceilings?

   c) What arrangements could be made to allow more equitable treatment of municipalities with high administration costs due to local factors?

QUESTIONS WITH RESPECT TO SPECIFIC PROGRAM AREAS

Income Maintenance

1. Do municipalities feel they should have a role in the delivery and funding of income support?

2. With appropriate funding, would municipalities be prepared to take on additional responsibility for delivery of Family Benefits?

3. Should the province be responsible for delivery of income support to persons with disabilities?

4. What are the preferred options for the delivery and funding of income maintenance?

Child Care

1. Is mandatory provision of subsidized child care the only way to resolve concerns about access and issues related to level and quality of service?

2. Should municipalities have a choice in whether they deliver and fund child care or should child care be the responsibility of the province and the federal government?

3. What role should the voluntary sector play with respect to child care?

4. What are the preferred options for the delivery and funding of child care?

Children's Services

1. Should municipalities continue to fund Children's Aid Societies and be represented on Society boards?

2. Should municipalities take on responsibility for a broader range of children's services? If so, in what areas?

3. What should the role of the voluntary sector be in the provision and funding of children's services?

4. What are the preferred options for the delivery and funding of children's services?

Persons with Disabilities

1. How should community support services for persons with disabilities be delivered and funded?

2. Should municipalities increase their involvement in services for persons with disabilities? If so, in what program areas?

3. What should the role of the voluntary sector be in relation to services to persons with disabilities?

4. What services are required to meet the needs of clients who are not currently being appropriately served? Who should deliver and fund them?

5. What are the preferred options for the delivery and funding of services for persons with disabilities?

Elderly

1. Is there an advantage to having one delivery agent provide the full range of services from community-based to institutional care? If so, who should be involved?
2. What should the role of the province be in the delivery and funding of institutional care and community-based services for the elderly?
3. What role should municipalities play in providing services for the elderly?
4. What is the most appropriate voluntary sector role?
5. What are the preferred options for the delivery and funding of services for elderly persons?

Community Support

1. Is there a range of community support services which can be described as basic or core services? Should core services be consistently available among communities across the province?
2. How can program stability and consistent access be assured while still allowing local service development?
3. Do municipalities want more involvement in the administration and funding of community support programs?
4. What should be the role of the voluntary sector in the provision and funding of community support services? Is there a way to equalize the strength of the voluntary sector across communities?
5. What are the preferred options for the delivery and funding of community support services?

APPENDICES

APPENDIX A

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Metro Toronto Community Services Department

Dick Verrips
Administrator of Social Services
County of Bruce

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Ministry of Community and Social Services

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Regional Municipality of Niagara

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Provincial-Municipal Relations Unit
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Commissioner of Social Services
Regional Municipality of Ottawa-Carleton

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Family Support Branch
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Lynne Woolstencroft
Alderman,
Regional Municipality of Waterloo

APPENDIX B

REGISTRATION FORM FOR PROVINCIAL-MUNICIPAL SOCIAL SERVICES REVIEW CONSULTATION MEETINGS

I would like to register for the Consultation Meeting scheduled for: ______________________ at ______________________________.
date location

Name: ____

Organization: ____

Address: ____

____

____

Telephone: (   )   - ______________________

Total Number Attending: ____________________

Please return to:

Debbie Oakley
Project Manager
Provincial-Municipal Social Services Review
SW367, 3rd Floor Hepburn Block
Queen's Park
Toronto, Ontario
M7A 1E9

(416) 963 - 2925

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